The Bowman Lecture

ON THE

RELATION OF OPHTHALMIC DISEASE TO CERTAIN NORMAL AND PATHOLOGICAL CONDITIONS OF THE SEXUAL ORGANS.

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MR. PRESIDENT,—Allow me in the first place to thank you, Sir, and the Council of the Ophthalmological Society for the distinguished honour conferred upon me in entrusting to my hands the "Bowman Lecture" for the present year. No one can, I think, occupy the position I now hold without a feeling of trepidation at the task he has undertaken—the task of placing before a Society of experts the results of some of his own observations on subjects with which they are as familiar as himself, and regarding which it is as difficult to make general statements which shall not be platitudes as to adduce special cases which shall not be tedious, uninteresting, and uninstructive. With the multitude of observers in every civilised country who with the best appliances are now engaged in the practice of ophthalmic medicine and surgery, few indeed can hope to present to his brethren any anatomical description that shall compare with the short but pregnant chapters on the parts concerned in the operation on the eye by the distinguished surgeon after whom this lecture is named, any new instrument approaching in value the ophthalmoscope, any mode of treatment approximating in importance the application of cylindrical glasses for certain errors of refraction, or who can indicate and support by reference to numerous carefully collected cases the relations that exist between certain affections of the eye and such a specific constitutional disease as syphilis. I feel that I must at least be contented with a humbler *rôle*, and I have ventured to take as my theme the relations of the diseases of the eye to the normal and pathological conditions of the sexual organs—a subject which, although discussed in several monographs, is only briefly referred to in modern text-books, and yet which seems to present many points of interest.

The generative system, developed essentially from the mesoblastic layer of the embryo, remains undeveloped, with its function in abeyance, to the age of thirteen or fourteen years in girls and of fourteen or sixteen years in boys, though, of course, slow maturation of the spermatoblasts in the one sex and of the primordial ova in the other is taking place from birth to puberty. During infancy and childhood no influence of the sexual system on affections of the eye can be demonstrated, nor can any difference be shown to exist in this respect between boys and girls. After this period, however, the changes induced in the economy by the development of the sexual organs exert a powerful influence on the forms presented by ophthalmic diseases in general and give rise to marked contrasts in the affections of the eye in the two sexes. Hence it will be well to make a primary division of the subject into the relations of the sexual organs to the eye in males and females respectively, and then to follow, so far as practicable, the forms of disease which occur at different periods of life and different conditions of the system.

The influence of the sexual system upon the eye in man is far less potent, and the connexion is consequently far less easy to trace, than in woman. No doubt even moderate sexual indulgence exhausts the physical powers: "Omne animal post coitu triste est," says the old adage; and if the indulgence be extreme various troubles to which I shall presently refer are experienced; but in young unmarried and continent men the customary rare and spontaneous emissions of semen, which are the correlatives of the menstrual discharge in women, have no perceptible effect upon the general health, and far less upon the structure or function of the eye. In women, on the other hand, the sexual system, in accordance with its more complex structure, its larger bulk, and much greater nervous and vascular supply, together with its wider sympathies, is much more profound. That this circumstance did not escape the observation of the older physicians is sufficiently attested by the remark of Hippocrates—"Propter uterum mulier tota est morbus"; or that of v. Helmont—"Propter solum uterum mulier est quod est." It is, indeed, one of the arguments against the higher education of women that, with some remarkable exceptions, the normal performance of the act of menstruation tells on the economy, rendering even very strong women less capable of mental and physical exertion, owing to pain, languor, and diarrhœa; whilst the defective, excessive, or difficult and irregular discharge of the function is constantly followed by derangement of some part of the organism, and not unfrequently of the eye. And if this be true of the detachment of the unimpregnated ovum, how much deeper and more important an influence must be the effect of that great effort of the system by which a new creature is generated, nourished, and cast forth by the immensely developed pregnant uterus.

The supervention of puberty in boys is attended with rapid growth of the body in height and weight, and in some instances, though not always, with increased mental activity. I say in some instances, because not unfrequently the rapidly growing boy is dull and languid, and really requires protracted sleep—a point too much neglected by parents and schoolmasters. The practice of masturbation at this period has been considered by many observers to be a fertile source of ophthalmic trouble. The effects have been particularly discussed by Cohn,[1] Boggs,[2] Fitzgerald,[3] Mooren,[4] and Hutchinson.[5] The principal symptoms noticed by these authors are of a functional character. Thus, Cohn's cases indicated retinal irritation. They were seven in number, of whom four were boys, and the chief symptoms he noticed were photopsiæ, muscæ, and muscular asthenopia. The vision was not in any instance deteriorated; it was of normal acuteness in all. The photopsiæ that were complained of consisted in the appearance of stars, and bright, sometimes coloured, dots, rings, snowflakes, and the like, and an unpleasant dazzling. Hutchinson observed, in addition to similar symptoms, that the patients complained of stiffness and peculiar sensations about the lids. Examination with the ophthalmoscope affords little or no information. The media may be perfectly clear, and the disc, retinal vessels, retina, and choroid present no indications of disease. The symptoms seem to be essentially dependent on anæmia and nervous exhaustion, or at least upon conditions of disturbed circulation in the retina and visual centres.

Several inflammatory or subinflammatory symptoms have been noticed by different authors. Thus, Förster and Cohn both maintain that there is a connexion between persistent conjunctival inflammation and masturbation, and they adduce cases in which hyperæmia, follicular and catarrhal inflammation, and even trachomatous infiltration of the conjunctiva, resulted, or appeared to result, from the habit.[6] The evidence on which reliance was placed that these affections were due to masturbation, was that masturbation was practised, that the inflammation was persistent and intractable under ordinary treatment, and that when the habit was discontinued the ophthalmic disease subsided and ultimately disappeared.

Both Michel and Cohn have noticed blepharospasm. They admit, however, that the evidence was not very satisfactory; for although many cases of blepharospasm occurred in which it was also stated in the notes that "excessive onanism" was practised, yet there was no evidence of improvement when the habit was given up. It must not be forgotten that blepharospasm is a common accompaniment of errors of refraction, and that any circumstance which would tend to weaken the bodily powers would intensify the symptoms arising from such defect. Moreover, there are other general states of the body which might be the efficient cause of the spasm, the exclusion of which in any given case would require a much more exhaustive examination than is given in the histories of these cases. Cohn

[1] Archives of Ophthalmology, 1882, p. 428.
[2] Galezowski's Recueil, 1881, p. 692.
[3] Transactions of the Ophthalmological Society, vol. iii., p. 178.
[4] Ophthalmic Hospital Reports, vol. xi.
[5] Lecture, 1875.

states that the subjects were mostly boys or young men from eight to twenty years of age, who appeared delicate. In most instances the spasm affected both eyes, though occasionally only one was attacked.

In the paper read before this Society by Dr. Fitzgerald, and printed in the Transactions, he has given an account of the results of masturbation in three young ladies. In one of these there was intense neuro-retinitis of one eye; in the second, with hysterical symptoms, there were at first no ophthalmoscopic signs beyond slight haziness and pallor of the optic discs, but white atrophy of both discs subsequently occurred; and the third presented hyperæmia of the disc with asthenopic symptoms. In the first case visual acuteness in the affected eye was reduced to counting fingers, but with restitution of the menses recovery rapidly followed. In the second case total blindness resulted. It will be noted that the physical lesions, as well as the impairment of vision, were greater in Dr. Fitzgerald's than in Cohn's cases, but Dr. Fitzgerald himself admits that his second case, which terminated in white atrophy, might have arisen from some other cause.

I may mention that I have seen one case of a rare disease, agoraphobia (or dread of open spaces), in a man aged thirty-two, who himself attributed it to extreme nervousness engendered by excessive masturbation in youth. He could live in comfort in towns, and was happy in crowded streets. The presence of lofty buildings removed all his anxiety, but in the country, and especially in an open plain, he was overcome with fear and apprehension, and life was a burden to him. There was in this case a considerable degree of amblyopia, vision being reduced to $\frac{1}{10}$ths. The attacks of agoraphobia were irregular in their occurrence and in their duration. He complained of seeing numerous muscæ, some bright, like diamonds, and some dark, like smuts. He was myopic, and used -4·5 D., but there was no apparent disease of the fundi.

Upon the whole, I am inclined to think the effects of masturbation have been exaggerated. No doubt when self-abuse is frequently practised—and cases are given where it was repeated several times daily—harm may result, and possibly even white atrophy of the discs be produced; but we may be sure that such cases are very rare; and it is to be remembered that the glands are active in youth, their activity being, in fact, the stimulus to the vice, whilst any injurious influence is probably first evident in loss of accommodation and the usual symptoms of accommodative and muscular asthenopia, a symptom that alarms the patient, and is likely to lead him to discontinue the habit before any permanent harm is done to the system or eye. I have found (and others, I have no doubt, have also found) that it is difficult to institute any inquiries in this direction. If the lad is young and pure-minded—and let us hope there are many such in England—one feels that it is injudicious to suggest what may be unknown; and, on the other hand, if the boy be naturally vicious, it is probable he will not hesitate to lie. In the few cases in which, from special circumstances, I have arrived at the conclusion that self-abuse was practised, or respecting which I have received some hints from parents, or have been told outright by the patient himself, no serious or permanent injury to the eye seemed to me to have resulted. The condition was rather fear of what might happen, perhaps induced by reading the pamphlets of quacks and charlatans, than that any disease had been produced. In the case of girls, I must frankly admit that it seems to me impossible to ask any questions on the subject at all, and I have not even dared to interrogate the mother. If it is difficult to institute inquiries upon this point, there is, I think, a mode of treating it which commends itself to my mind as being both simple and successful, whilst it can be equally applied to either sex. It consists in directing that on retiring to rest the arms should be kept outside the bedclothes. In cold weather a jersey may be worn. This plan, with due attention to physical exercise, the relief of constipation, and the avoidance of too great mental excitement, has, I know, been successful in some cases.

At the age of puberty, or a little later in boys, I have seen cases of hæmorrhage on the retina the cause of which was very obscure, but which I was disposed to attribute to constipation of the bowels—a condition that may itself result from masturbation. One such case I showed to the Society a year or two ago, in which no renal trouble could be discovered, yet in which there were numerous hæmorrhagic and white patches, which have yet not wholly disappeared. Through the kindness of Dr. Mackinlay I have this very day seen a case of hæmorrhage upon or in the retina, and large flocculi in the vitreous of a lad of nineteen years of age, thin and ill developed, who, whilst admitting frequent masturbation, presented good teeth, healthy urine, and general freedom from disease, whilst refraction was hypermetropic.

I do not propose to enter into any detailed account of the effects upon the eye of such morbid conditions of the sexual organs in either sex, as gonorrhœa and syphilis, since their consideration would open up a field far too wide to receive adequate treatment within the limits of an hour's lecture; but I would point out that these conditions are frequently initiated between the ages of eighteen and twenty-five, the results of such inoculation leading at first to iritis and its consequences, but often affecting that organ secondarily by inducing some slowly progressive disease, such as locomotor ataxy or some other serious nervous affection. The sad results of many of these cases constitutes one of the most cogent arguments for the re-enactment of the Contagious Diseases Acts, the abolition of which in deference to ignorant and senseless popular clamour all practitioners must deeply deplore. How beneficial they were I may be allowed to state from my own experience at Chatham, which I am sure will be endorsed by the thoroughly practical and highly intelligent house-surgeon of St. Bartholomew's Hospital, Chatham, Mr. Nankivell. When I first attended that hospital some fifteen years ago syphilitic affections of the eye were common; the Acts were passed, and for several years diseases of the eye dependent upon syphilis all but vanished; the Acts were repealed and they reappeared, and Mr. Hartridge, who now holds the post of honorary ophthalmic surgeon to that hospital, assures me they are now common.

Of the disorders of vision which are attributed by the patient of youthful or middle age to sexual excess, both legitimate and illegitimate, amblyopia, the appearance of muscæ, and loss of accommodation are the most common. Of such excesses I suppose most of us have heard revolting details enough. But occasionally more serious results may follow. I saw one case of great pallor of the optic disc in an officer home on leave from India, in whom I am inclined to think the condition of the discs, with the great impairment of vision that accompanied them, were produced by six weeks' sedulous devotion to the pleasures and vices of London life. I was assured in that case that he had led a life of perfect continence for several years in a remote country district in India, and that his vision had on his arrival in this country been perfect. In that instance vision recovered its normal sharpness when the cause of the impairment was pointed out and removed, though the discs remained pale.

The departure of sexual power is so gradual in men that it is hard to indicate any relations between its loss and ophthalmic disease. I have, however, occasionally seen cases of widowers who complained of anomalous symptoms, such as pain in and around the eyes, and confusion of vision, which they attributed, perhaps rightly, to sudden and prolonged suppression of accustomed seminal discharges. I have certainly seen cases of white atrophy of the optic discs in old men who had been indiscreet enough to marry young and prepossessing women. Perhaps previously existing disease in these cases was aggravated by the proceeding. Tissot gives a case (and others are quoted by Hoffman of an analogous kind) in which a man aged fifty-nine, three weeks after marrying a young woman, became suddenly blind, and died in four months.

Turning now to the opposite sex, it may be remarked, in the first place, that the great changes occurring in the whole system of a woman at the period of the establishment of the catamenia are not likely, as I have pointed out, to be without their influence on the eye. The experiments of Röhrig have demonstrated the effects that are obtained by electrical stimulation of the ovaries, such stimulation in the rabbit causing a rise of blood-pressure from 12 mm. to 24 mm. of mercury. And we accordingly find that several conditions of disorder or disease of the eyes are met with at this period, whilst functional disturbance of the act of menstruation is constantly a source of visual trouble. At this time, under normal and healthy conditions, the process of growth and development are more rapid and vigorous that at any other period of life. The appetite is increased; much more work is thrown upon the digestive organs; assimilation is at its height; the quantity of blood and the activity of the circulation are augmented; the excitability of the nervous

system, as manifested by the exaltation of the emotional activity, is greatly increased; there is a tendency to local congestion of different organs before the uterus accepts its function, which is exhibited by diarrhœa, headaches, or abdominal pains, which at length culminate in and become restricted to the menstrual discharge. It is not surprising, then, that when any circumstance interferes with the institution of the function, the close and extensive plexus of the choroidal vessels becomes surcharged with blood, and that occasionally one or more of these should give way, permitting their contents to escape into the vitreous humour. In such cases the patient, after some premonitory symptoms—as headache, vertigo, fainting, inability to exert the mind,—complains of sudden impairment of vision. This is often at first slight, and either no change may be perceived with the ophthalmoscope, or the alteration may only reveal itself by some slight haziness to the observer, or by the presence of muscæ and lines or webs to the patient; but after one or two ineffective returns of the effort to menstruate, a more copious effusion may take place, rendering the media so obscure that the details of the fundus are wholly unrecognisable, a dim reflex being alone perceptible. In some cases, perhaps in most, this may clear up, and vision by degrees, and after the lapse of a considerable period, become normal; but I have seen several instances where the eye has never regained its former visual power. Cases of choroiditis analogous to those to which I have just referred may be found in many treatises, and an examination of them will show that the congestion and effusion or inflammation sometimes affects the anterior region of the choroid, sometimes the posterior; that it may be circumscribed and small in extent, or diffused, and affecting apparently the whole membrane; that it may be accompanied by actual hæmorrhage, or that there may be effusion of lymph only; and that it may terminate either in perfect recovery or with some deterioration of vision, which may be general or limited to a certain area of the field, or, lastly, in loss of vision with white atrophy of the optic disc. The effusion that takes place in these cases is probably in most instances of the nature of lymph; at least, the reflex is dark and not ruddy in tint; but now and again actual blood is poured out, and I exhibited to the members of this Society two years ago a healthy and apparently well-developed girl in whom a large clot of blood of crimson colour was visible immediately behind the lower segment of the iris. This presented the extraordinary feature that whilst undergoing little change in its form or size it retained its colour unaltered for more than a year, and only slowly disappeared by diffusing itself into the substance of the vitreous. I may just add to my former account of the case the fact that the eye now presents normal aspect, and that the vision is $\frac{6}{12}$ in the affected eye. A very similar case of hæmorrhage into the vitreous in a girl of fourteen, which took place prior to the establishment of menstruation is recorded by Oursel. M. Dor[6] also gives the case of a girl in whom the catamenia had not yet appeared, but who presented hæmorrhages in each vitreous, the blood disappearing and reappearing at intervals. When menstruation at length supervened with regularity, the hæmorrhages and the amblyopia which invariably accompanied them disappeared and did not again return. Occasional hæmorrhages into the parts surrounding the eyes occurring at a later period of life in cases of amenorrhœa and of dysmenorrhœa have been placed on record. Fritz gives a table compiled by Puech, from which it appears that in 200 cases of disturbance of the menstrual function there were ten cases of hæmorrhage from the lids and caruncle.

Amongst the affections which are believed by some observers to be associated with amenorrhœa, phlyctenular ophthalmia may first be mentioned; but it may reasonably be questioned whether it is a direct or an indirect effect of menstrual disturbance. The difficulty which leads one to reject many cases that seem at first sight to be supported by clear evidence is the difficulty by which we are so frequently confronted, the concurrence of several causes, amongst which it is difficult to select the efficient one. A woman may be amenorrhœic or may suffer from dysmenorrhœa, and the eyes may present such affections as keratitis, choroiditis, or optic neuritis; but it does not follow that either of these diseases is the direct consequence of the amenorrhœa or dysmenorrhœa. It may result from dental disease or from intestinal irritation, or may be the consequence of some affection of the nervous centres; or, as Mr. Habershon laboured to prove at our last meeting, there may be strong hereditary predisposition to ophthalmic disease, which, though latent, is ready to develop on slight provocation. A case cited by M. Oursel, which he regards as typical, is that of a young girl with a good family history, who was accustomed to suffer at her menstrual periods severe neuralgic pain in the face. At about the age of sixteen she was subjected to violent emotional excitement, and as a result suffered from amenorrhœa, with much pain, nausea, and vomiting, and phlyctenulæ appeared on one eye, and from this time forth for six months or more pustules formed at the period when the catamenia should have occurred, sometimes on the right, sometimes on the left eye. After an unusually severe attack the girl applied to M. Courserant for relief. Bitter tonics, friction of the skin, revulsives to the lower extremities, fumigations of the vagina with aromatic plants, and the administration of aloetic purges re-established the menstrual flow, and with the recurrence of this discharge the phlyctenulæ ceased to appear. This, no doubt, is a fairly typical case, and the eye symptoms may reasonably be regarded as directly connected with the amenorrhœa; still, it may just be pointed out that no mention is made of the condition of the teeth, or of the presence of irritation or disease of the intestinal mucous membrane, or of the state of the heart and other organs, though it is possible that all these may have been investigated and sources of trouble excluded.

Mooren finds diseases of the sclerotic, and especially episcleritis, to be more common in women than in men, and thinks that it is associated with menstrual disturbance. I consider episcleritis to be a rheumatic affection, and believe that it is generated by exposure to wet and cold in a state of exhaustion, and can quite believe that it is more likely to be induced, or, if present, for the symptoms to be exaggerated, when the system is enfeebled by the presence of the catamenia, but should hesitate to accept uterine disease as anything more than a predisposing cause of its occurrence.

An exceedingly interesting *résumé* of the affections of the cornea, and especially of interstitial keratitis, in regard to sex and age, has been drawn up for me by Mr. Andrew E. Wynter, from the ward books of the ophthalmic department of St. Bartholomew's Hospital. I cannot express the results better than he has done:—

Number of Cases of all kinds of Keratitis in Males and Females at different ages.

Age.	Male.	Female.	Proportional decimal.	
			Male.	Female.
— to 10	42	77	0·304	0·37
11 to 20*	37	73	0·265	0·356
21 to 40	39	39	0·28	0·19
41 to 50†	9	5	0·067	0·024
50 to —	11	11	0·08	0·053
Total	138	205		

* Menstruation commencing. † Climacteric.

The table shows that: 1. There are many more cases (205 females to 138 males) of keratitis occuring in females than males. 2. That the difference is most marked in the decade previous to and contemporaneous with the decade of commencing menstruation (150 females to 79 males). 3. That in the first decade 30 per cent. males to 37 per cent. females of the whole number occur. 4. That in the decade of commencing menstruation there is a distinct difference in the percentage of males and females; thus in males it is only 26 per cent., while in females it is 35 per cent., an increase of nearly 10 per cent., due to, or certainly contemporaneous with, the period of commencing menstruation. 5. That during the menstrual period of life (twenty to forty) there is a diminution among females compared with the same time of life in males. Thus in females 19 per cent. occur between the ages of twenty to forty years, as against 28 per cent. for the

[6] Galezowski's Recueil, 1884, p. 164.

same period in males. 6. That at the age of the climacteric (from forty-one to fifty) there is a sudden fall in the percentage, the males being higher (6·7 per cent.), the females being 2·4 per cent. After fifty there is a rise in the number of cases in both sexes, males being still greater. Thus: males, 8 per cent.; females, 5·3 per cent. 7. That it is curious to note the fact that, in spite of the greater exposure &c. in males, the female cases have a greater sum total, suggesting that women are more liable to keratitis than men. 8. In some cases occurring between twenty to forty years in women, over-lactation or bad confinements have been given as the constitutional causes.

An examination of our ward books further shows that interstitial keratitis is more frequent in women than men, omitting cases of keratitis punctata, traumatism, and keratitis due to (*a*) granular lids, (*b*) mercurial poisoning, and (*c*) lesions of the fifth nerve, the chief difference lying at about the on-come of menstruation (i.e., ten to twenty), 28 females to 13 males. 2. That the average age for men to be attacked with interstitial keratitis is $17\frac{2}{5}$ years, whilst the average age for women is $15\frac{1}{4}$ years. So that women are attacked a year and a half earlier, the average being brought down by the great number occurring about the supervention of menstruation. 3. No cases occurred at the climacteric.

Galezowski[7] and Daguenet[8] have recorded several cases of disease of the cornea resulting from sudden suppression of the menses. The patient in M. Daguenet's case was thirty-seven years of age, married, but childless. Whilst in perfect health she was exposed to cold in washing linen in the month of January. Suppression of the menses followed, and in the course of the night she was awakened by intense pain in the left eye. The whole left globe was inflamed, and a large abscess formed in the substance of the cornea followed by leucomata, which, however, cleared up sufficiently to enable the patient to pursue her avocation.

Mooren gives the case of a girl of fourteen who had an intense keratitis pannosa, and who, notwithstanding the fact that every symptom of her molimina menstrualia was present, could not be brought to menstruate; yet a recurrence of the inflammation occurred every four weeks, and treatment continued for a year proved entirely ineffectual. When menstruation did occur, a sudden change took place; but the tissue of the right cornea was so altered that, although it remained transparent, it became conical. I entertain no doubt that the age of puberty in girls, and probably in boys also, is one in which interstitial inflammation of the cornea is particularly apt to occur, and at that period in delicate children suffering from inherited syphilis the attack may be extremely severe. I remember one case in particular of a girl of fourteen, in whom menstration had just commenced, and who was exposed to cold and a somewhat spare diet. The cornea, after becoming cloudy, was invaded by vessels which were so numerous, that only perception of light remained in the eyes. I despaired of the recovery of vision, and she began to learn the alphabet for the blind. With the establishment of the menses, however, improvement commenced, and by degrees, with appropriate treatment, vision was absolutely and perfectly restored. Thaon[9] also points out that interstitial keratitis may be coincident with the supervention of menstruation. Mooren,[10] on the other hand, gives a good case of double interstitial keratitis, in which the symptoms greatly increased in intensity during the menstrual period.

Iritis of a serous type, affecting sometimes one, sometimes both eyes, has been described by many writers as a concomitant of amenorrhœa and of dysmenorrhœa. The causes of the uterine trouble have been very various: mental shocks and worry, and sudden exposure to cold, are amongst the most common; and the results have been sometimes satisfactory, sometimes serious.[11]

In Thaon's case amenorrhœa was suddenly occasioned by grief at the loss of a child. Some pain in the eyes was felt. There appears to have been choroiditis, for the vitreous contained flocculi. With re-establishment of the menses recovery of vision took place, only some slight synechiæ posteriores being left. In M. Levat's case recurrent attacks of serous iritis occurred with each return of the menses, which had been suppressed by a violent mental shock. Improvement resulted from treatment. In Kay's case the menses were irregular and an attack of serous iritis accompanied their return. In this instance appropriate treatment effected a cure. In one of M. Oursel's cases the patient, aged nineteen, was very irregular, and both eyes were affected; a glaucomatous attack supervened. The patient declined operative treatment. In another case of Oursel's double iritis supervened upon a menstrual period, synechiæ formed, and the case was complicated with keratitis and hæmorrhage into the anterior chamber. Wecker, Caudron, and others have reported cases of double irido-choroiditis, which certainly followed, and apparently resulted from sudden suppression of the menses.

Retinal apoplexy consequent on sudden suppression of the menses has been described by several writers. Thus, Léon Oursel[12] gives the case of a previously healthy woman who, while menstruating, was caught in a violent shower of rain. Sudden arrest of the function occurred, followed by rigors, headache, and vomiting. Two days afterwards she discovered suddenly that the vision of the right eye was almost lost. Ophthalmoscopic examination showed that there was a large retinal hæmorrhage covering the macula lutea. In this case almost complete recovery, with only a faint central scotoma, resulted. A similar case is recorded by Danthon.

I saw, with Dr. Gill, a young lady twenty-two years of age, who two years previously had swum out of her depth at Margate. She gained the shore greatly exhausted, and the same night had an epileptic fit, and subsequently others at intervals of a month or more, but these were without effect upon her eyes. Shortly before I saw her she had been rowing up the Thames, and fell into the water at Windsor Lock. She was menstruating at the time, and the sudden immersion stopped the process, and she became amenorrhœic. Within a few weeks keratitis, partly interstitial and partly superficial, attacked both corneæ. The inflammation was not accompanied by pain. Her vision was reduced to $\frac{6}{18}$ with the right eye and $\frac{6}{24}$ with the left. The discs could not be clearly seen. The possible origin of the disease from the reflex action of the teeth, of worms, and of constipation were one by one excluded. About a week after she was first seen pain began to be felt, which gradually became very severe, and the inflammation extended from the cornea to the iris and choroid, so that she was suffering from keratitis and from irido-choroiditis. Vision was reduced to perception of light. Dr. Gill had ordered citrate and iodide of potash, without improvement. Leeches and hydrarg. c. creta with quinine were prescribed; and cold applications proving most agreeable, cold compresses were kept constantly applied. In the course of a few days the mercury was exchanged for bromide of potassium. Improvement gradually took place. The catamenia became regular, and early in December the corneæ began to clear, and by July in the following year she could read No. 1 Jäger with each eye. I saw her one year later, and she could then read $\frac{2}{3}$ with the right eye and $\frac{6}{12}$ with the left. A small spot of retino-choroiditis was visible near the fovea centralis of the left eye.

Retinitis may occur as the result of sudden suppression of the menses. M. Thaon records a well-marked case in which the connexion between the inflammation of the retina and the menstrual disturbance was well marked in a girl of twenty, of previously good health and regular, who was suddenly rendered amenorrhœic in consequence of mental excitement and family troubles. On the third day after the emotion violent headache was experienced. She had rigors, and on the seventh day the vision of the left eye was seriously impaired. The symptoms of optic neuritis were slightly marked, but at the distance of three diameters from the disc were numerous white patches along and superjacent to the vessels, with some large muscæ in the vitreous. Vision was abolished in the upper third of the field. Treatment directed to the restoration of the menses was followed in this case by great improvement, if not perfect recovery. Other cases will be found in the Journals and Reports, in which retinitis occurred sometimes with and sometimes without hæmorrhage.

Paresis of both the internal and external muscles of the eye has been noted. Hasner has reported one case of a girl aged seventeen, who, each month when the catamenia were present, was attacked with complete paralysis of the whole of the left third nerve, which lasted for three days, and was accompanied by headache and vomiting. The affection had persisted for four years, with great regularity in its recur-

[7] Recueil, 1873. [8] Recueil, 1876–77, p. 194.
[9] Thèse de Paris. [10] Archiv f. Aug., Aug. 8th, 1881.
[11] Thaon: Thèse de Paris. Oursel: Thèse de Paris, 1873. Kay: American Journal of Med. Sciences. Levat Thèse de Paris, 1885, p. 30.

[12] Thèse, p. 63.

cence. I suppose that we have all met with slight affections of the third nerve, in the form of accommodative asthenopia, dilatation of one pupil, and diplopia clearly attributable to the enfeeblement and general exhaustion of the system, which accompanies the menstrual discharge, and which of course brings any hypermetropic defect into prominent notice.

I have a strong impression that menstrual disorders constitute a factor in the development of the obscure affection termed conical cornea, or perhaps there may be some cause common both to the derangement of the menstrual function and to the thinning and yielding of the cornea. I have seen three or four cases, in all of whom the catamenia were scanty, the complexion pale, the expression of the face dull, and the general aspect poor and ailing. I have, however, been unable to recognise any special organ as diseased. The cases I have seen have been of the ages between twenty-eight and thirty-four or thirty-five.

One of the functional disturbances of vision that may be met with associated with amenorrhœa or with dysmenorrhœa is amaurosis, of which a typical case was reported by M. Dor to the Congress of Ophthalmology, 1884. The blindness lasted for twelve days in the right eye, and for six weeks in the left eye. There was hemianæsthesia affecting the left half of the body. With the return of the suppressed menses the symptoms cleared away, leaving the patient with perfect vision.

Some years ago I saw a patient sent to me by Dr. C. P. Tomkins of Beddington, who had long suffered from severe dysmenorrhœa. She had been a governess, and had always been delicate, hysterical, and subject to most severe attacks of neuralgia at her periods. I need not give her symptoms in detail, but she had had ovaritis, had lost her voice, had had herpes and her pulse had been 50. She complained of great impairment of vision due to a close black network, which was constantly before her eyes, and a central scotoma of the form of a hand. I raised her lids with difficulty, for she kept her head down, and light was distressing to her, and after some trouble obtained a sufficiently good ophthalmoscopic examination to assure myself that the media were clear, that the discs were whiter than natural and slightly cupped. The symptoms in this case were, I imagine, essentially reflex, and connected with the dysmenorrhœa.

Partial atrophy of the papilla may now and then occur. Galezowski[13] reports a case which, however, I should have been disposed to attribute to hæmorrhage, for in the year preceding she had had a miscarriage attended with much loss of blood. The symptoms were: Derangement of the catamenia, with headache, vertigo, and sudden failure of the vision of the left eye. Return of the menses, accompanied with much hæmorrhage, was followed by a similar attack in the right eye, and a condition of hysteria was established. No improvement took place after treatment, and the optic disc presented a condition of atrophy chiefly affecting the external segment.

The precise mode in which disturbance of the menstrual function operates in inducing ophthalmic disease is obscure. It may be by retaining in the blood, in cases of sudden suppression of the menses and in cases of amenorrhœa more slowly induced, materials that are of a poisonous nature, the action of which is indicated by the loss of blood-making power, and consequent imperfect performance of other functions, with spasms and pain in different regions of the body, in which the eye participates; or it may be by acting on the vessels of the eye alone through the nervous system in a reflex manner, and thus interfering with its due nutrition, as we know may occur in cases of dental disease and the intestinal irritation of worms.

It need hardly be said that the treatment of such cases falls into the hands of the obstetric physician in most instances, and our part is limited to the recognition of the nature of the ophthalmic trouble and to giving a forecast of the probability of improvement or complete restoration of sight. In cases of the deep-seated affections of the choroid and retina much caution should be exercised: first, because it is not possible, owing to the cloudiness of the media, to recognise the exact extent of the mischief; and, secondly, because the history of such cases shows that even when no very serious lesion is visible under the ophthalmoscope vision may long remain impaired.

(To be concluded.)

[13] Recueil, 1882, p. 36.

Address

ON THE

FUNCTION OF MEDICAL SOCIETIES,

AND ON THE

ABIDING IMPORTANCE OF PATHOLOGY TO CLINICAL WORKERS.

Delivered at the opening of the Session of the Glasgow Pathological and Clinical Society, Oct. 10th, 1887,

BY JAMES FINLAYSON, M.D.,

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GENTLEMEN,—My first duty is to thank the members of this Society for the honour conferred on me in electing me as their president for a second year of office. I believe I am not wrong in seeking the explanation of your selection in the fact that for the first ten years of this Society's existence I acted as its secretary, and may, indeed, claim to have been one of its founders. It is natural, therefore, in my present position, to inquire how far the Society has fulfilled the objects of its foundation. These objects are indicated in its name, as being for the study of medicine in its pathological and clinical aspects. But why, it may be asked, should a *Society* be formed for this purpose? Are there not books and printed lectures, and weekly and monthly journals, all ready to supply such wants? It seems to me, I confess, in the matter of Medical Societies as in the courses of instruction at our schools — the former for the education of practitioners, and the latter of students,—that the time has fully come when the great fact of the printing press, and of a cheap and valuable medical literature, should be openly and practically acknowledged. It seems an extraordinary anachronism that a medical teacher should often read to a class of students a series of detailed statements or facts, practically compiled, or capable of being compiled, from standard treatises, and that these young men should try to take down in their note-books a complicated series of facts and names, often quite new to them, when the only thing one can feel sure about in such a method is that notes so taken by them must, from their ignorance of the subjects and from the imperfections of hearing and of attention, be more or less inaccurate and imperfect. We all know from our own experience, or from observation of students, how such note-books are apt to teem with errors in names, in spellings, in quantities, and other points of vital importance, all of which could be supplied with almost absolute accuracy by means of carefully prepared text-books. The system of oral teaching had a very different place when text-books were few or bad, and apt to be antiquated; but in these days, when some of our best men write works adapted for students, when they are carefully brought up to date in successive editions, and when the cost of them is comparatively small, it seems to me that the whole system of our instruction should be remodelled with due recognition of this fact. The sphere of oral teaching, if abolished in some directions where it can be superseded by a better, could then be extended to subjects and to methods where books, however good, must wholly fail.

Now it seems to me that similar remarks apply to Medical Societies. We have all listened at them, I am sure, to admirable communications, full of interest, full of details and of facts of great importance, with a feeling that such papers were to be read, and not merely listened to. How often do we notice in a discussion which follows such a paper that the speakers feel that it would be an impertinence to criticise it seriously till they had read it. Even in less elaborate communications, how often do we see a member rising to inquire about some point in a case which had been duly stated by the speaker, but had escaped the notice of the member, even although he might be listening with great interest and attention. We all know how that in reading a medical case we have often, when we come to some point at the end, to turn back to

re-read some details at the beginning. For all such communications the printed form, with its accuracy, its facility for reference to special points, its condensation still compatible with clearness and fulness, appears pre-eminently the best. It seems to me very doubtful if the day has not passed for Medical Societies to meet formally and hear such papers as a preliminary to their publication. No doubt such papers are sometimes followed by important discussions, a form of society work to which I will refer presently.

But just as in the student's education there are methods which the books cannot take up, so in the education of the profession at Societies there are enormous advantages which no development of the periodical medical press can possibly supply. It is when we come to the demonstrative methods that we see the benefit. How imperfect, for example, are the descriptions of some rare skin disease, some intricate nervous affection, or some unfamiliar pathological appearance, even when aided by expensive engravings or lithographs. Or rather, as is sometimes said, how perfect these descriptions seem, how accurate and how full, when once we have seen for ourselves what the writers describe so well to those who know, and so unintelligibly to those who do not. Our Pathological and Clinical Society in Glasgow was founded in this view. Whatever subject might come up, we wished to have something to be shown; even comparatively trivial communications had thus an educational value; and when the rarities from the wards or the post-mortem room are brought forward, the members are supplied with illustrations which may serve to illumine their future reading on the subject. Our limited numbers, and the less formal or conversational style always permitted in our Society, enable those present to see or handle for themselves what is shown, and to grasp the points which the speaker wishes to bring forward. In this way some of our smallest and least ambitious meetings have been among the most instructive to those present. Another point aimed at in our methods at this Society was the cultivation of accuracy. When the specimen referred to is on the table for examination by experts who may be present, we feel an additional incentive to care and accuracy in our remarks and in the preparation of the case; and the educational value of bringing forward cases or specimens thus to be criticised on the spot makes this Society a valuable training ground for the younger members of the profession, for whose benefit it was specially founded. In this view, moreover, a specimen or case shown at a Society receives a certain stamp of authenticity as compared with one merely reported without being shown.

A distinctive value of Society meetings, as compared with printed matter, has always been regarded as consisting in the discussions following a communication, or in the holding of more formal and set debates. In our own Society the criticism and discussion of specimens and cases have often proved useful, and our rules give permission for the occasional carrying out of more formal debates. On four occasions during the fourteen years of its existence the Council arranged for such discussions—the first on the pathology of phthisis, the second on the treatment of internal aneurysm, the third on albuminuria, and the last on cancer. I believe the general impression amongst the profession here as to these discussions was that they were, in a sense, successful, and that they had an important value in stimulating interest in the great subjects referred to; and in all of them we had the special advantage of seeing and hearing distinguished members of the profession from a distance, who kindly came to take part in the meetings, and by their presence and the value of their communication gave vitality and interest to the proceedings. But discussions of a formal or ambitious character are apt to be disappointing; they tend to lose the character of true discussion, and to consist rather of a series of independent dissertations by the speakers, with but little reference to what had gone before. In our discussions an attempt was made to lessen this danger by the circulation of proofs of the speeches made on one evening before the resumption of the debate on the next. But the charm of a discussion is often lost when each speaker has to deliver himself after careful preparation, and in view of being reported in the journals. How often do we enjoy a talk with a medical friend, when he discusses a subject with us in private, giving his speculations, his doubts, his half-facts and their suggestions, indicating how our objections could be answered or the subject followed out, and so illuminating the matter with side lights of all kinds. But if the same person has to get up to speak in view of reporters, his imagination has to be restrained, his facts have to be reduced to a form he can absolutely stand by, and what was sparkling and suggestive is apt to become commonplace and unsatisfactory. Few men with any reputation care to commit themselves under such circumstances to express an opinion on the spur of the moment, except in the most general terms, on the views of a previous speaker, if they are in the least novel: and even if there may have been time to consider them in a printed form before resuming the debate, one who has undertaken to speak on an important subject is apt to have already decided in his own mind what to take up in his share of the discussion, and is rather chary of deviating from the lines which he had sketched out for himself. I believe a distinguished member of our profession once formulated the proposition that "accurate knowledge spoils conversation." Many interesting remarks might be made, it was said, in a miscellaneous company, when discussing almost any casual subject, say the height of a steeple or the age of a building, and stores of interesting matter and a pleasant interchange of ideas brought up from varied lands and varied experiences; but all this (so it was said) has the life taken out of it if some person unfortunately is present who can give the relative height of the steeples named in feet and the exact age of the buildings in years. So it has seemed to me that preparation and a sense of responsibility spoil medical discussions. We only care to hear the opinions of those having some claim to be heard; but it is just those men who are unwilling to discuss new ideas without time for consideration, and so they limit themselves to ground on which they feel confidence; hence it is that so very often their remarks are but partial expositions of views already published by them in some other form, without much, or perhaps any, of that active conflict of mind which we look for in a discussion.

Reviewing the work of our Society as a place where we all, without exception, could acquire much valuable knowledge, where many of us have been trained to habits of accuracy and precision in preparing and showing our cases, where a stimulus and encouragement to honest work, especially amongst the younger members of the profession, could always be looked for, I believe I may safely say that the influence of this Society has been very potent for good; and its discussions, exciting as they did much general interest in medical circles, had, in addition to the mere value of the communications, a useful influence in adding to the medical life of our city.

Coming now to a wider subject, I would like to ask, What is the really important relationship between the two great subjects, the cultivation of which is aimed at by our Society, as indicated by its title of "Pathological and Clinical"? What is the relationship of pathology to clinical medicine and surgery? It might seem at first sight that this was very plain, that pathology, or the science of disease, must constitute the very foundation of what we observe and what we treat when called to the bedside of the sick. I remember one of my students, some years ago, saying to me how much he was interested in pathology as a fascinating subject in itself, and as forming the very basis of all medical and surgical practice. I said that it was natural for him as a student who had only learned one pathology, and that the newest, to think in this way; but that he must remember that the pathology he was learning was utterly different from that of even twenty or thirty years ago, and that the pathology of the next twenty or thirty years would no doubt be very different from what he had learned; in the meantime the patients and the diseases and accidents were very similar, and that clinical medicine and surgery must be founded on something less shifting in its character. I put the changes in pathology in large cycles of twenty or thirty years, but one would scarcely be wrong in saying that this science gets almost revolutionised every few years, so as to be scarcely recognised as the same subject. Taking changes and innovations promulgated, or at least generalised, within the experience of many of us here present, what would our pathology be like if we had to cut out of it all ideas of embolism, septic as well as otherwise; all ideas of the migration of leucocytes, and all ideas of micro-organisms and germs? But there was a pathology long before these notions were current, a pathology cultivated by such master spirits in the profession as Morgagni and John Hunter. It would ill become one who has been, by your kindness, elected president of a Pathological Society to speak disparagingly of pathological science, but I have often wondered in my

own mind wherein lay what I felt to be the enormous value of pathology to the art of the physician or surgeon in his clinical work. One cannot help feeling that the value of Hunter's surgical work, and even more notably of his mighty influence, turned on his extraordinary energy and brilliancy as a pathologist; but equally one cannot help feeling that it could scarcely depend on the value of his mere pathological facts, or on the soundness of his views, for these of course have been displaced or superseded to a great extent by the progress of the very science which he did so much to found. It would seem as if some more stable influence than the knowledge of shifting pathological data must be at the bottom of the important relationship referred to—the relationship of pathology to clinical work.

Coming down from the great masters of our art and science to our own level, I would ask what is the secret of the enormous advantage which we have when we have attained to the position of physicians and surgeons to the hospitals and infirmaries of our city? No doubt in the wards we see many unusual cases not otherwise available, but I am sure that all must admit that specially great advantage arises from the opportunities presented to us in the pathological theatre for observing the state of parts after death; or, in the case of surgery, in the limb or tumour removed by operation. It may be contended that we have in this merely an additional field for the acquisition of facts bearing on our art, and that it is only natural that those with wider and more varied fields of study should thereby derive greater profit. It seems to me, however, that there is more than this.

Pathology is not a mere collection of facts; if it is to be a living influence it must be a more or less compact body of doctrine, relating these facts to each other and to the processes going on in the living, as well as to the results found in the dead. I suppose we all require to have some such doctrines in our minds, vague or definite, held firmly or loosely, formulated hypothetically or dogmatically, as the case may be. I have sometimes been struck by the air of certainty and authority with which some members of our profession speak regarding the pathological processes going on in their patients; they seem to see the exact state of the cells of their livers, and the varying condition of these and of the epithelium of all the mucous membranes, with every change in the disease, or with every variation in their remedies. Of course with such men their diagnosis is as certain as their pathology and their therapeutics. But this type of mind is usually outside of our hospital staffs; for, as I daresay you all know, it is not very infrequent for the hospital physician to find his pet theories of an illness rudely upset when the case comes to the post-mortem table in the presence of his students; and even our friends the surgeons sometimes get a rude awakening at the operating table in a crowded theatre. Working under conditions of this kind, where errors in our diagnosis, pathology, and treatment are constantly liable to be brought to light before competent and incompetent judges (the competent being usually much the more charitable of the two), one is almost forced to learn to separate what he is sure of from what is merely highly probable, or what is quite speculatively problematical. Such a one may, indeed, at times speak with a certainty and a dogmatism on some points in diagnosis or pathology which might astonish even the other type of mind to which I have referred; but very often this certainty is limited to special points only, and these not always the most vital; he may be certain of an enlargement of the liver or of a consolidation of a lung, but may be doubtful as to the nature of the enlargement or the cause of the consolidation. Trained to work under the possibility of constant checks, one is almost necessarily led to be more accurate and careful in diagnosis, trying to omit nothing which is likely to throw light on the disease, keeping pathological speculations well in hand, always discriminating between those parts of the diagnosis or pathology which are securely established, and those on which more or less doubt may still linger, acquiring in one way certainty and decision, in another openness and flexibility of mind. Dealing with hidden processes of disease, the physician is sometimes tempted to arrogate an infallibility of judgment which public opinion at one time tended rather to force upon him, or to adhere to doctrinal traditions which he may have inherited, and may, as a teacher, be himself transmitting; but all such tendencies receive constant checks from the facts of pathological anatomy, for our nationality and the spirit of our times are both distinctly adverse to the well-known retort of one whose theories were convicted of being at variance with the facts, when he said, "So much the worse for the facts."

We seem, then, to see in this relationship of pathology to clinical work something of the same kind of advantage which I referred to in connexion with the presentation of specimens or cases to a medical society, where the tendency is to care in the preparation of the case, accuracy in statement, and liability to correction or criticism from the scrutiny of other observers whose habits of mind lead them to look at things from a different point of view. It may, however, be contended that pathology might be an admirable check and guide to the clinical worker if its data were accepted as ultimate and absolute facts, but that any such test becomes illusory, and perhaps even fallacious, if pathology be admitted to be in such a constant state of flux that books five or ten years old cease to be adequate guides even for our students, while the great masterpieces of the last generation of pathological workers are only consulted as interesting historical records, or for the artistic beauty of their illustrations. Now, of course, in this department of science, as in all others, the great sweeping changes which occur from time to time always leave an ever-growing residue of facts more and more firmly established amidst the shaking of others; and in a multitude of cases it is the interpretation, rather than the fact, which is called in question and changed. No doubt this is sometimes so radical in its character as almost to amount to the substitution of a new fact for the old. When Rayer figured with such accuracy the lesion in the kidney which his experience showed to occur in rheumatic subjects and called it "néphrite rhumatismale," we have his fact remaining, in a sense, although in another sense we also change it, ceasing to regard it as "rheumatic nephritis," when we know it to be due to a mechanical plug or embolism, even although rheumatism may have been the origin of the whole mischief, as it usually is. But the facts of pathological anatomy and an ever-growing body of pathological doctrine resting on a sure basis may well be looked up to in connexion with the mysterious processes of disease as affording, as a rule, a tolerably sure court of appeal to the clinical student. Even, however, if pathology were much less certain than it is, and even at the times when it was much more imperfect and much less worthy of confidence, we can understand that in the check afforded by the facts of morbid anatomy and the observation of pathological processes, so far as this was possible, the physician or surgeon might find the greatest guidance in his work. The tendency of many, perhaps most, minds in our profession is to theorise and speculate, and to spin fine webs out of our own heads. Our great pathologist revealed his method in a couple of words in writing to Edward Jenner, when he said, "Why think?"[1] To observe, to inquire, to compare, and to experiment where this was possible, these were Hunter's methods. But in thus bringing us ever close to nature and to the observation of her methods, in subordinating theoretical doctrine to the observation of nature and facts, Hunter was teaching himself and all his followers a lesson not merely useful for the pathologist, but of paramount importance for the surgeon and the physician. To be guided in the observation and treatment of disease by the facts which lie open before our eyes is the great qualification of the clinician. How difficult it is to observe disease apart from theoretical or doctrinal considerations, no one would, *a priori*, imagine. But it is well known that we all pass by, as if blind, certain obvious features of disease, which are so glaring that when a new disease or a new symptom of disease is described by some true clinician, immediately throughout Europe and America confirmatory cases, hitherto ignored, are at once recognised. If this be so in diagnosis, we need not wonder if in treatment we are equally blind, and that methods are pursued for years or for generations which are ultimately discovered to be either useless or injurious, or of but trivial value.

It is, I believe, in tending to keep us to true facts and to the observation of nature that pathology supplies a great and abiding influence for good on clinical work. No doubt pathology itself is uncertain in many ways, and, as I have ventured to say, in a state of flux; but the very fact of this constant change in an allied science makes the physician or surgeon keep his mind ever open to new facts and to new ideas, which may, whether true or false, serve the useful

[1] Hunter's Works, Palmer's Edition, vol. i., p. 56.

purpose at least of keeping him on the alert, and of saving him from degenerating into a degrading routine or a dogmatic obstinacy. It is vain to complain of the imperfections of pathology; it is better to try to improve it. Clinical medicine has been under enormous obligations to the pathologist, and it is right that it should exert itself to help forward pathological inquiry. In the foundation of our own Society it was felt that neither had an independent existence apart from the other, and that, with us at least, they should not be dissevered. The genius of the greatest living pathologist recognised the wide reach and close interrelationship of different methods in the study of medicine. Long ago Virchow[2] sketched out his *Handbuch* of medicine to supply from the best writers he could find a systematic statement of our knowledge in its various branches. But he likewise organised in his *Jahresbericht* a repertory of new and contemporaneous work in all countries to supply the means of checking and correcting our ideas up to date. In his *Archiv*, which may be taken to represent living and original work, he clearly expresses in its title that it was to be no mere receptacle for dead morbid anatomy, but that it was to extend to the physiological as well as the anatomical aspect of pathology, and *likewise to clinical medicine*, a relationship which this *Archiv* has done so much to uphold.

The value of the contributions which clinical work may make to pathology seems to me to be well illustrated by one of the newest departments of pathological research. The far-reaching influence of minute organisms and germs in our science at the present time calls for the accurate recognition of one set of germs from another, which, while so far similar, may yet be utterly different—the one full of mischief, the other essentially harmless. The difficulty we have to contend with arises from mere morphological distinctions often failing us: an organism in its life history may go through many forms, and may vary with the media of its cultivation, so that what seem to be very different may be really the same; on the other hand, organisms very similar, practically identical in form, may be utterly different in reality. As you all know, the pathological bacteriologist seeks to prove his germs by cultivation, tracing the history of the organism in its various phases and in various media. It is just this kind of service which clinical workers can render to pathology,—not indeed in cultivating disease, but during their efforts at suppressing it, by watching its life history, the variations which the diseased condition undergoes in various parts of the body or at different periods of the patient's life, or in the transmutations brought about in different generations. This life study in the human subject must ever be the accompaniment and corrective of a true pathology, however carefully it may otherwise be studied on the dead subject, or even by experimental researches on the lower animals. In the recent discussion held by this Society on the great subject of Cancer (1886), Mr. Jonathan Hutchinson said "that it seems just possible that the turn of the clinicists is again coming round," and various matters were raised even at that discussion which only clinical workers can solve. The remarkable suggestions and instances of apparent transference of this disease from husbands and wives, raised at that discussion, call for the close attention of clinical inquirers. The family history of patients, if scrutinised in the future, may throw much light on the vexed question of the relationship of sarcomatous and carcinomatous tumours, if, as I am inclined to believe from fragmentary information brought to my notice, it may yet be shown that the same families breed both sets of growths. As yet, however, inquiries on this matter are beset with this difficulty, among many others, that what, even a few years ago, and by pathologists who recognised the distinction, were put up in our museums as cancer would now by the same men be labelled sarcoma; as time extends for us, however, the available mass of reliable materials, we may be able to show that, as in the case of the germs already referred to, what is morphologically very distinct may be really very similar when submitted to the test of cultivation. At a previous discussion in this Society on Phthisis (1881), some of us, as physicians familiar with the life history of this disease, refused to separate at the dictation of pathologists what we felt to be allied, although on the ground of histology we might feel that we must appear to be hopelessly beaten; but since then the developments of pathology itself have tended to include in one common group not only various forms of pulmonary disease at one time separated from each other, but also other manifestations of so-called "strumous" and "scrofulous" disease, which had always been felt by physicians to be closely allied in their family history to phthisis and tuberculosis. In thus recalling an incident, full of significance as I believe, I do not of course wish to stir up antagonism or recrimination between pathological and clinical workers: the best men in both departments feel that these subjects must go hand in hand, and that they cannot be divorced from each other without risk of grave disaster. Such was the view of the founders of this Society, and I hope that its work in the future and its influence on its members may be such as to strengthen this alliance, so that our Society may truly deserve its name of "Pathological and Clinical."

[2] Handbuch, 1854; Jahresbericht, 1851; Archiv für Pathologische Anatomie und Physiologie, und für Klinische Medicin, 1847.

SEVEN CONSECUTIVE CASES OF LAPAROTOMY.

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(*Concluded from page 1010.*)

CASE 5. *Fibro-cystic Disease of the Uterus; Oöphorectomy; Recovery.*—Miss De L——, aged forty-seven, has been attended by me for the last nine years. I first saw her in consultation with Mr. Rudall, who desired me to take the case. Up to June, 1880, she had been subject to frequent and violent uterine hæmorrhage, with fibroid of the uterus, reaching half way between the pubes and the umbilicus. She had taken large quantities of ergot for considerable periods, and at intervals ergotine had been systematically injected after Professor Simpson's method, at first apparently with some benefit, then without. The cervix had been divided, and the posterior thickened uterine wall incised. Again the cervix had been dilated and the uterine wall incised. The hæmorrhage then ceased, though the catamenia was rather profuse, and she gained strength and colour, but there was an enormous flow of clear, straw-coloured fluid, which was almost pure albumen, or as if blood without the colour.

June 28th, 1880: Solution of persulphate of iron was applied to the os, and repeated frequently. Ordered twenty minims of liq. ergotæ three times a day.—August 11th: Still loses large quantities of the fluid. Removed a large rotting white clot from the upper vagina. The interior of the uterus fluctuated, and the sound was introduced into it, when a thin, brickdust fluid escaped, and a fresh blood clot followed. Injected iodine into the uterine cavity.—13th: Applied the iodine on cotton to the uterine cavity, and left it there.—14th: The cotton had not remained in the uterus.—16th: Lost a great deal of the clear fluid. Plugged vagina with iodised cotton.—17th: Lost very little.—September 4th: Catamenia should have occurred on August 23rd, but has not appeared; much less watery discharge; looking well.—October 9th: Catamenia not appeared; looking well; watery discharge comes with a rush with white clots, then a little for two or three days. When the discharge is less she feels tighter and larger; the abdominal tumour is large and hard. The os admits to the first joint of the finger, when the edge of something, perhaps a white clot, is felt. The uterine surface felt around the os is soft; behind, it is felt as if fluctuating.—December 13th: The catamenia had not appeared for three months and a half till November 7th. The watery discharge had also stopped gradually and entirely for three days, when she walked much about town and went to the Exhibition, where she was much squeezed in a great crowd, especially on the abdomen. The catamenia came on the next day and lasted a week; then there was an interval of three weeks; duration four days, with clear discharge and white clots between. The abdominal tumour extends above the umbilicus; the os is well open; there is a soft substance anterior to the canal, into which the sound easily passes, and it bleeds. Applied solution of persulphate of iron.—15th: With difficulty, and

incompletely, I introduced a little iodised cotton inside the uterus.—18th: Better; applied iodised cotton internally and at the os.

April 5th, 1881: For the last three weeks has had pain at the epigastrium, and could not stoop. Ten days ago had much watery discharge, and I introduced iodised cotton within the cavity, and the fluid diminished. Now has pain again, and loose black stools. Within the os is felt a large tongue-like mass, differently adherent; easily breaks down. Pulse good; colour fair. Last catamenial interval four weeks, duration five days.—June 23rd: Cramps and œdema in legs; watery discharge moderate.—30th: Last catamenial interval three weeks, duration three days, with great pain and moderate quantity; ceased three weeks ago. Has a firm, easily movable tumour reaching above the umbilicus. The os uteri is high, and protruding through it is a tongue-like mass. The legs are œdematous; urine albuminous; heart, lungs, and liver normal. The watery discharge is not so large, yet constant. In view of the albuminous urine a large operation was deemed to be undesirable, if avoidable, and she was ordered iron and ergot. If the polypus should become more vaginal an operation could be performed; if not, the necessity could be considered a little later.—Aug. 15th: Polypus projects a little more from the os. Pulse 112; looks thin and pale; cough. Iron and ergot to be repeated.—Sept. 7th: Polypus projects much; bad catamenia, with maddening pain, and not quite stopped yet.—13th: Yesterday had a squirt of bright blood, then a flooding of clear fluid; urine pale, specific gravity 1003, slightly albuminous.—14th: Dr. Burke administered methylene, and I introduced the hand into the uterus and broke up quantities apparently of cysts with thin coverings, no solid substance being removable, but the débris being shreds. The os was also thoroughly cleansed of the projecting tumour of the same character. In the operation, the vagina, being very small and undilatable, was ruptured from below the uterine junction posteriorly, through the perineum, showing the external surface of the rectal sphincter. The wound was carefully sutured from above downwards. The temperature reached 101°, but she recovered well, the discharge ceased, and three weeks afterwards had her catamenia as a slight red discharge.—Nov. 11th: Has had a slight red, thin discharge daily, requiring less than a napkin. Now her complexion is red. The fundus of the uterus can be felt just above the pubes. The vagina is perfectly healed, as well as the os. The uterus measures two inches and a half. Nothing but thick uterine walls noticeable.

March 6th, 1882.—Wonderfully well; walks, eats, and is quite well, fat and rosy. Catamenial duration three days; occasional slight "whites." Abdominal walls very fat. The uterine tumour extends half way to the umbilicus.—May 22nd: Looks well and fat and very jolly. Has rheumatic pains in knees and rolls her stockings down. The uterine tumour extends to the umbilicus and much in the right iliac region; the sound enters five inches and a half; the uterus is drawn up from the pelvis, the os is nicely open, and nothing abnormal is perceptible by the vagina but the tumour on double palpation. Catamenia normal, and scarcely any discharge. To have half a drachm of the solution of ergot night and morning.

July 21st, 1883:—Catamenial interval from two to four weeks; duration from ten to fourteen days, not much after four or five days. Looks well. The tumour is below the umbilicus and small; the os is soft. To take a draught composed of quinine and sulphate of magnesia with dilute sulphuric acid.

Feb. 8th, 1884.—The catamenia was regular at intervals of three or four weeks; then ceased for three months, with a constant, slight, coloured discharge, and she got enormously large in the abdomen, when the catamenia recurred two weeks ago for a week and in large quantity. Now says she is large and thinks the tumour is growing. There is a round central tumour to half an inch above the umbilicus, with sense of fluctuation. The internal os is open and admits the finger, but the external vagina limits its introduction. The sound passes readily five inches. I think the uterus is full of gelatinous tissue and fluid as at the operation. Ordered a three-grain ergotine pill night and morning.

Jan. 14th, 1885.—Complains of palpitation, shortness of breath, menorrhagia, large quantity of "whites," and nervousness. The catamenial interval is two weeks, duration seven days; very great pain for previous two days; quantity very large, requiring eighteen diapers a day. A large tumour occupies the abdomen to three inches above the umbilicus. The right loin is resonant, the left less so. The os uteri is large, the anterior lip being greatly broadened and apparently fluctuating. To have half a drachm of tincture of sesquichloride of iron three times a day.—Feb. 3rd: Feels strange, but has pains in the abdomen from the large swelling. Last catemenia ceased Jan. 3rd. Says that sixteen months ago it ceased for three months, and has recurred in floodings since taking the three-grain pill of ergotine.—March 11th: Catamenia recurred on Feb. 6th, duration one week, with violent pain; and again on March 4th, which is just over; lost a large quantity; took four bottles of tincture of sesquichloride of iron. "Whites" stopped; she had great pain and swelling, but the medicine made her stronger. To repeat the sesquichloride of iron (half a drachm), and to have cold vinegar-and-water injections.—April 7th: Had a heavy flooding for four days after an interval of one week.—Nov. 14th: Catamenia regular, with an interval of from two to four weeks, and a duration of from ten to fourteen days; the last ceased Sept. 10th, and then she had great pain till two weeks ago, when the catamenia was induced by hot poultices for two days, and she had a slight discharge. Says she now feels very large, with pressure upwards, shortness of breath, and pain, but feels stronger now that she has no floodings. The tumour reaches to the ensiform cartilage, and extends across the abdomen, distending it greatly; it is tense and hard. By the vagina the sense of fluctuation is very strong. On Nov. 27th I introduced my dilating trocar into the tumour in the anterior lip by the vagina and drew off four quarts of clear yellow serum, which coagulated rapidly, and introduced a drainage tube. It continued to drain for two or three days, when the abdominal tumour was hard and reached only to the umbilicus. After five days she had hæmorrhage for twenty-four hours and got very low. In January the catamenia was normal and had not recurred on April 3rd, except for a slight show every ten or twelve days, which had then lasted fourteen days. Had continuous nausea and pain across the epigastrium, and food created fulness but no vomiting.—On April 3rd the tumour receded to the ensiform cartilage and was as before, and I thought I could feel the left ovary to the left of the umbilicus. Had enlarged greatly in the last month. The anterior cyst was again emptied per vaginam, and on Aug. 8th five pints and a half was similarly evacuated, and on the 25th a smaller quantity. On the 26th, in accordance with the opinion of the hon. staff in consultation, Dr. Burke administered methylene, and, assisted by Drs. Fetherston, Rowan, Hooper, and Lynch, and in the presence of other medical men, I, by an incision an inch and a half long, removed both ovaries, which were cystic, the left of normal size, the right as large as a hen's egg. The operation from beginning to end occupied twenty-five minutes. The temperature did not exceed 100°, nor the pulse 100, and she made a perfect recovery, though she had a small parietal abscess. The tumour at once atrophied. On Oct. 29th she was quite well, and had had neither catamenia nor discharge. The tumour was felt indistinctly, except on double palpation, when it felt moderately firm, and so by the vaginam, but not cystic. The abdomen was resonant above, half way between the pelves and umbilicus.

I have ventured to be wearisome in the details of this case to show the following points:—1. The gradual development of a fibroid uterus into fibro-cystic disease of the uterus during a period of nine years. 2. The variations between amenorrhœa and menorrhagia, with invariable increase in size during the former. 3. The complete practical inefficacy of ergot, ergotine, and ergotine injections, continued for years; of iron, intra-uterine applications, divisions of the cervix, of the walls of the tumour, of cleaning out the cavity of the uterus, and of draining the cyst; and the final and complete cessation of the refilling of the cyst, and the atrophy of the fibroid uterus, and restoration to complete health by the removal of the diseased ovaries.

CASE 6. *Fibroid of the Uterus; Oöphorectomy; Suppurative Peritonitis; Death.*—Mrs. J——, aged forty-nine, was a patient of Dr. Dowling, with whom I saw her in consultation. Had been married thirty-two years, and thinks she had a miscarriage twenty years ago. Seventeen months ago she began to lose blood, which has been continuous since, and frequently in very large quantities, which only stopped a little when treated by Dr. Dowling. When I first saw her she was a large anæmic woman with a thin pulse; an abdominal tumour, hard and solid, reached from the pelvis to the level of the umbilicus, into which the sound

entered four inches and a half. It was decided to admit her to the Women's Hospital, where, in consultation of the staff, it was determined to remove the ovaries. The operation was performed on Oct. 11th, when Dr. Burke administered ether and methylene, Drs. Fetherston, Rowan, and Hooper assisting; and, in the presence of Drs. Brett, Doyle, Joske, and Meyer, I made an incision an inch and a half long below the umbilicus into the abdominal cavity. The left ovary was situated below a pear-shaped subperitoneal fibrous outgrowth, and was a little difficult to find, and, being to the surface, it was ligatured with a Tait's knot; it was small and completely cystic. The right ovary was of the size of a small hen's egg, was cystic, and a broad cystic state continued on to the broad ligament, so that the ligature had to perforate and encircle a pedicle in part cystic. The proximal cysts were lightly punctured in two places, but the point bleeding, a fine ligature was placed round it. There was no hæmorrhage or bruising of the tissues beyond what such a slight operation necessitated. The patient appeared to go on well for several days, but the abdomen became gradually distended, and she had great pain in the right hypochondrium; it was evident that general suppurative peritonitis had supervened, and it was deemed useless in the face of this condition, and as the fibroid uterus prevented pelvic drainage, to attempt further abdominal interference, and she sank on Oct. 20th, nine days after the operation. There was no further hæmorrhage by the vagina after the operation.

The post-mortem examination was performed on Oct. 21st. The abdomen was much distended, pus welling from an incision in the abdomen below the umbilicus. The edges of this wound showed little tendency to heal; they were slightly gaping and of a dirty black colour. Intestines much distended with flatus. Omentum bound down to the intestines by recent lymph, which also covered the whole of the abdominal organs, being particularly abundant on the under surface of the liver and about the uterus. The peritoneal cavity contained an abundance of pus; peritoneal vessels injected and greatly congested. Besides the recent lymphy exudation, the intestines were in part bound to each other and to the uterus by firmer bands of considerably older date, especially in the region of the uterus. Lungs: Some old adhesions posteriorly near the base of the left lung; in both pleuræ there was a limited quantity of blood-stained serum. The bases of both lungs, more especially the left, were hypostatically congested, friable, with some patches of extravasation, and furnishing on pressure some considerable quantity of blood-stained frothy fluid. The upper lobes of both lungs were emphysematous, anæmic, dry, and pale. Heart: Right side filled with dark clot, which extended into the pulmonary artery. Left heart empty, contracted; left ventricle somewhat hypertrophied, firm, fleshy. Pulmonary artery hypostatically stained. Spleen friable. Kidneys subgranular, congested; cortex broad; some unravelling of the base of the pyramids. Liver enlarged, pale, friable, fatty. Uterus: There were two or three pedunculated fibroids posteriorly near the neck, several small subperitoneal fibroids, and a large fibroid of the body.

It may well be asked why this woman died of suppurative peritonitis after an operation which in itself appeared so simple. It is true that the liver and kidneys had undergone degenerative changes, probably from the large and constant hæmorrhages; but the operation had been quick, without exposure of the abdominal contents, and the shock very slight. It is certain, in my opinion, that no contamination had occurred from sponges or instruments, for I am personally responsible for these, and know that they were clean. On the other hand, the conditions under which she was placed, and of which at the time I was not aware, are not beyond criticism; and to these I believe may be ascribed the absence of recovery. A public hospital is less under one's control than a suitable private house.

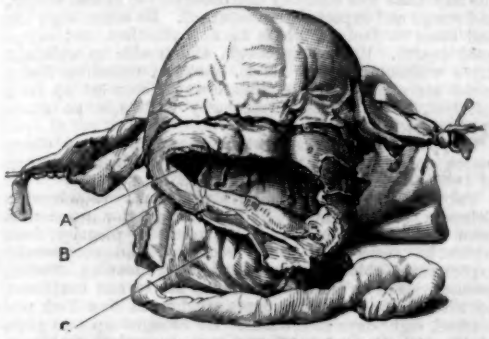
CASE 7. *Case of Porro's Operation on a Rickety Dwarf; Recovery.* — Catherine C——, aged seventeen years, was sent to me by Dr. Tuthill, and consulted me on July 7th, 1886. Her catamenia were always regular four or five months previously, the dates being uncertain. She is 4 ft. high, rickety, and malformed. The head is large, and she looks forty. The arms and legs are particularly proportionately short. The finger tips reach only to the anterior superior iliac spines, the humerus measures 6 in., the forearm 6½ in., and the hand 5 in. The thighs are 9 in. long, the tibia 9 in., and through the foot to the heel 2 in. The lumbar curve is particularly marked. At this date the abdomen was very prominent, the uterine tumour extending to halfway between the umbilicus and ensiform cartilage. The fœtal head could be apparently felt above and a little to the right of the pubes. The fœtal heart was heard 2 in. below and 1½ in. to the right of the umbilicus. The child thus lay with its face forwards. The placental souffle was most distinct just above and to the left of the pubes. The vagina had no hymen, and was patulous. The os uteri was so high as only to be just felt when meeting with the palm anteriorly, and the opening was small. The cervix projected diagonally through the perpendicular space of 1½ in. formed by the sacral prominence being superior to the pubes, instead of obliquely behind. The sacral curve was very marked, forming apparently half a circle. The following were the measurements:—Between iliac spines, 9 in.; between iliac crests, $9\frac{5}{16}$ in.; external conjugate, 6 in.; from lower border of symphysis to top of coccyx, 2½ in.; conjugate vera, 1½ in.; Wood's inclined conjugate, 2 in. The patient was admitted to the Women's Hospital, and after consultations of the staff it was determined that Porro's operation should be performed at a later period of her pregnancy, and she returned home.

On Oct. 14th, when the child was supposed to be between eight and nine months old, assisted by Drs. Fetherston, Rowan, and Hooper, Dr. Burke administering methylene, and in the presence of Drs. Tuthill, Brett, Doyle, Forster, Meyer, J. P. Ryan, Shields, and Snowball, I made an incision four inches long from just below the umbilicus to two inches above the symphysis pubis, through the abdominal wall. A transverse cut one inch in length opened the uterus, and was rapidly extended by tearing to the limit the abdominal incision permitted. The bulging membranes were then opened, but the child's neck could not be grasped, as it had previously been recognised that it lay too high with respect to the incision, but the head was expelled by the considerable uterine contractile force and some external pressure around it through the opening, which was just large enough to let it squeeze through. The child, a girl, immediately cried lustily, and was enveloped in flannel. The hand then grasped the neck of the uterus, and Lawson Tait's uterine clamp adjusted below the level of the opening of the ovaries and Fallopian tubes. At this time the placenta was seen to be presenting at the uterine opening, and to be free from the neighbourhood of the neck, where by auscultation it had appeared to be attached. A sound was introduced into the bladder, and as it appeared not to be included in the clamp the latter was tightened up. The uterus was then cut away with scissors below the level of the transverse incision, the cavity cleansed and closed by six silver sutures above the stump and one below it, and intervening horsehairs, the stump touched with solid perchloride of iron and a strip of lint applied under the ends of the clamp wire, carbolic absorbent cotton over all, followed by Mead's plaster and a flannel bandage. There was practically no hæmorrhage except a little free bleeding when nicking the uterus, and what escaped from the uterine division after its constriction. The whole operation, from its commencement to the removal to the ward, occupied twenty-five minutes, and was very simple. The membranes were afterwards found to be closely adherent to the left uterine wall.

The progress was uninterrupted, except that by the twenty-second day the temperature had risen to 102·5°, and the pulse to 110, and jaundice was threatened, but dispelled by ten grains of calomel, which produced free action on the fourth day. On the seventh, eighth, and ninth days there was some diarrhœa, which subsided under a milk diet, and chalk mixture with solution of opium (five minims). On the tenth day the temperature fell to the normal, but was again variable from half a degree to a degree till Nov. 4th, when it rose to 102°, owing to the passage of a large hard stool and a small parietal abscess, and from Nov. 6th has been quite normal, but during all the time she seemed quite well. The stump, being broad, presently became offensive, but this was removed by iodoform and charcoal poultices. The clamp was daily tightened, and came off on the thirteenth day, when the line of separation had occurred below its level, leaving a concavity in the proximal end of the stump, through which a probe could be passed deeply into the cervical canal. No opium was given except a morphia suppository after the operation, and that for the diarrhœa. The sutures were removed on the eighth and tenth days. On Nov. 9th the temperature and pulse were normal; she ate and slept well, the abdominal wound was nearly closed,

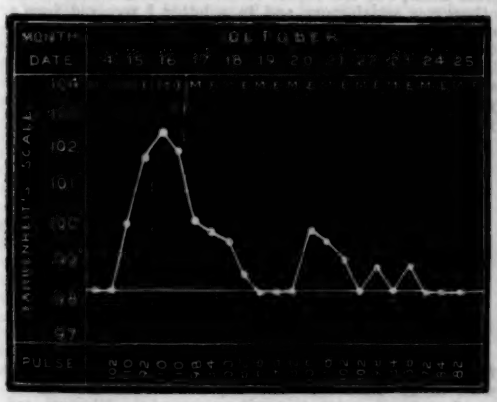
and a little induration caused by two small suture abscesses had nearly disappeared. To-day (Dec. 12th) she is up and quite well. The baby (a girl) has been wet-nursed, and looks bright and well. I am much indebted to the able paper of my friend Dr. Godson.

I think there can be no doubt that this girl would have died had Cæsarean section only been performed, for the opening of the os was very small, would not have been dilated by labour, and the discharges could scarcely have had such a ready escape thereby as they would probably have had through the opening in the body, whence death would have ensued. Moreover, the height of and consequent difficulty in reaching the os would have prevented



Uterus removed by Porro's operation, Oct. 14th, 1886.
A, Opening for removal of child. B, Level of removal of uterus.
C, Placenta.

its manipulation, and the cavity of the uterus could in no case have been syringed. Great care was taken to avoid enclosing the bladder or ureters by applying the clamp only just below the ovaries and Fallopian tubes, which appears to have been at the junction of the lower third, the uterus being finally cut across an inch below the opening made into it for the removal of the child. The contraction of the uterus after the rupture of the membranes was very rapid and firm on to the child, and subsequently the placenta, which was not touched except to feel with the finger that it was free from the constriction of the clamp. There was no defined reason for the threatened jaundice, of which there was no doubt, but which at once yielded to the



ten grains of calomel, but without action of the bowels till two days later. The external pedicle appears to be a sad and coarse necessity, but the rapid contraction of uterine tissue so far bars an intra-peritoneal method, and the question arises whether the nutrition of so large a distal constricted mass would be usually sufficiently maintained by contiguity to avoid gangrene, which in the case of an ovarian pedicle is by the lowness of its tissue and its comparative smallness so much less imminent. I believe that this is the first case of premeditated Porro's operation performed south of the equator. (See annexed engraving and chart.)

None of the foregoing cases were performed under the influence of special antiseptics, as I have passed through the various phases of no antiseptics, complete antisepticism, the previous saturation of the atmosphere by carbolic spray, and of the most complete cleanliness, and have concluded that the last is best. I have to thank Drs. Hooper and Lynch, the resident surgeons, for their careful attention in the after treatment of such of these cases as were in the Women's Hospital.

Melbourne, Australia.

THE CLIMATIC TREATMENT OF PHTHISIS IN THE STATE OF COLORADO.

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(*Concluded from page 1008.*)

OUT of three hundred notes of cases of phthisis kindly presented to me from the archives of Dr. Denison at Denver, I have selected two as bringing out important points connected with the first stage of the disease, one with the second, and a third with fibroid phthisis. We shall now proceed to speak of these.

Phthisis with hæmorrhage; arrest in first stage.—M. B——, a medical student, resided until 1876 in Chicago, since then in Colorado. There was no hereditary predisposition. In July, 1870, he had slight hæmoptysis after great exertion in a gymnasium, and the hæmoptysis recurred during the next two months. Afterwards he enjoyed good health until the autumn of 1872, when there was a severe attack of hæmorrhage. During the winter he lost considerably in weight, and in February he went to Louisiana, and returned to Chicago in the beginning of May, when he consulted a medical gentleman, who thus reported on his case: "I found the chest well formed, but the motions of the left side were restricted. Inspiration over the whole of this side was feeble, and over the right side normal. The percussion sound was elevated in pitch over the left side, and dulness was marked over the inferior portions. On the right side percussion was normal. Pulse 108. Expectoration not copious." In company with his brother he came slowly to Colorado. The high altitude seemed to suit him well, for he felt splendid, and stated that his lung "was much cleared up." After remaining quiet for six months he proceeded to a ranche near Denver, where he remained eighteen months, working, riding, and hunting. Subsequently he came to Denver and studied medicine. His improvement has been almost uninterrupted since he came to Colorado. There is no cough and no expectoration. Pulse 75; temperature normal; weight 162 lb. The last examination of him which was made showed that "he measured thirty-seven inches round the chest; below the clavicles the movements were normal, with no depression. Percussion, however, revealed a slight depression in the third interspace near the sternum, where possibly the hæmorrhage originated; over that spot, also, bronchial breathing was detected."

First stage further advanced; recovery.—G. M——, aged twenty-four, an architect by profession at Pittsburg, Pennsylvania. There is no hereditary taint, as his parents are living and well. He commenced to get weak four years ago, and his weight fell from 167 to 115 lb. This weakness was accompanied with cough and slight expectoration, and resulted in hæmoptysis. During the summer of 1881 he tried various climatic health resorts, as S. Carolina and Bethlehem, and in the fall he went to England and remained three weeks. Feeling himself no better, he came to Denver, and on examination it was found that his temperature at 11 A.M. was 99°F., pulse 88, respiration 17. There was slight flatness at the left apex and proportional expansion at the right infra-clavicular region. The right shoulder was higher than the left. Dulness was detected at the infra-clavicular region of the left lung, and also at the supra-spinous and inter-scapular spaces. Over these parts there was also bronchophony and bronchial breathing. He remained in Denver during the winter and went to a ranche in summer. In the fall he weighed 130 lb.; his temperature was 98·5° at 11 A.M., his pulse 80. Steady improvement followed, and he now enjoys good health. His present condition shows the chest to be well formed. The right

shoulder is, however, higher than the left, and the breathing is a little hard and bronchial at the infra-clavicular region; but no râles can be detected.

In the two cases narrated we have recovery from the first stage of the disease when the consolidation has not broken down; but in the second stage the state of the lung is different; for in all probability a cavity has formed where the condensation previously existed. This cavity may be chronic in type, secreting pus, but not increasing in size, or it may be enlarging by caseation and ulceration. The happiest issue of such conditions now is that the sides of the cavity gradually approximate, and form at length a tough cicatrix, which steps, however, may cause a stretching of the surrounding tissue and displacement of the neighbouring organs. Should the cavity thus heal, the cavernous sounds disappear, and are replaced by harsh breathing. In some cases also, owing to adjacent lung tissue being drawn across, a natural respiratory sound is detected.

Phthisis in the second stage.—J. H. B——, aged thirty-seven, with hereditary taint, came to Denver on April 3rd, 1877. In 1869 he had a hard cough, which lasted three months. He went to a high altitude, and afterwards remained pretty well until 1873, when his cough returned and he lost weight. He proceeded again to a high altitude, and had varying health until 1876, when he was unable to attend to business. In the autumn of 1877 he came to Colorado. The physical examination then revealed great emaciation, a temperature of 102°, respiration 20, and pulse 112; the sternum to the left; and at the base of the same side the thorax was shrunken. Percussion was dull over the same parts, and slightly at the left apex. Mucous râles were heard at the upper half of the right lung, with bronchial sounds; and prolonged expiration, especially below the right scapular region. On May 14th he was feeling better, but did not sleep well. He seemed bilious, and for this acid and taraxacum were prescribed. Pulse, sitting, 100. On Sept. 20th his weight was 113 lb. Appetite and breathing much the same, but the cough was a little better, and the sleep good. The face looked much ruddier. At 10 A.M. the pulse, sitting, was 99, respiration 20, temperature 99·5°. Chest much shrunken in front and base. Tubular breathing in right and left apices, but no râles could be heard. Sonorous sounds were detected in the inter-scapular region. On April 28th the pulse was 108, temperature 99·5°, respiration 20. He had been living at a ranche for six months, and now looked well. Chest deformed as before, the right shoulder being lower than the left, while the infra-clavicular space was shrunken. The heart was displaced and beat below the sternum, which also had been moved to the left. A hollow sound existed at the third interspace of the right side near the sternum, which indicated the site of the cavity. There had been, however, no increase of the size. The râles over the chest were few, and the signs of possible arrest numerous. This patient is still living and well.

The next case is one which, as the history reveals, commenced with pleurisy, and subsequently to this phthisis set in of the type termed by Sir Andrew Clark "fibroid." The narrative in this case was given to me personally at Denver, and I can substantiate the fact that the disease has been arrested, and that the gentleman in question is now able to conduct medical consulting practice.

C. H—— graduated at the University of Edinburgh in 1879, and subsequently obtained a position as surgeon in one of the Allan line of steamers. As a student he was healthy and robust, and continued to be well until six months after he had entered on his appointment. When walking up a hill one day, during the time the steamer was lying in the harbour at Lisbon, he felt a pain in the left side, and some difficulty of breathing. On returning to the steamer he examined his chest, and detected dulness at the base of the left lung. From the fact that he had no fever, he concluded that his case was one of chronic pleurisy, and he applied as an absorbent linimentum iodi externally, and took a mixture of iodide of potassium in a bitter infusion. These means seemed to be effectual in removing the effusion, and he considered he was better. On the return of the steamer from Valparaiso, and near to the port of Liverpool, he had a severe attack of hæmoptysis, and when this was checked there remained for some time a streaked bloody expectoration. He gave up his appointment, and went in the autumn to his home in Canada, where he remained six weeks. Here he was comparatively well. There was no return of the hæmoptysis, and he only suffered from general weakness, a slight cough, and occasional night sweats. Not feeling his recovery progressive, he yielded to the advice of a physician in Montreal, and came to Denver about the middle of October. Dr. Denison reported then as to his condition as follows: "A cracked-pot sound is heard over the left bronchial interspace, and from that spot there is dulness down the side before and behind." He stayed quietly at Denver for six months, taking daily exercise when the sun was shining, and carefully returning to the house in the evening. In the spring he went to a ranche, and remained there for two years. Except at meals and when sleeping he was constantly in the open air. He considered himself quite strong, and commenced practice at Utah. Six months' experience of this city convinced him that the moisture in the air from the Salt Lake was seriously detrimental, for he lost weight, and cough and expectoration returned. He accordingly left and came to Denver, where he now practises, and enjoys good health. He has no cough, and is able to walk and drive without fatigue. He is, however, conscious that a moist air and a variable climate would soon set up fresh mischief, so he elects permanently to live in an atmosphere which is pure and dry.

I append another case which came under my observation on a voyage I made to New York in the autumn of 1886.

The patient, by the advice of a physician, was ordered to Colorado for the winter. He had suffered for six months from a short hard cough, as the result of pleurisy, from which he seemed to have recovered, and occasionally expectorated blood. Two days after leaving Morille, hæmoptysis of an alarming character set in, and continued, notwithstanding all astringents tried, until New York was reached, eight days afterwards. He brought up two pints of blood daily, and his frame was so weakened that on arrival at New York he had to be carried to an ambulance waggon, which conveyed him to the Presbyterian Hospital. Two weeks later I visited him, as he was anxious to learn what I should advise him to do. The hæmoptysis had not recurred during the period mentioned, and after making an examination of his chest, I advised him after a rest of three weeks more to proceed to Colorado. I did so for these reasons: 1. While one lung was hopelessly gone, the other did not seem to be affected. 2. If he returned home he was certain to die; if he went on he had a chance of recovery. I was gratified in the summer to learn that his progress had been steady, that he was able to walk six miles without fatigue, and that he had commenced to do business as an estate agent. While I remained in Denver I failed to see him, as he was away from home, but the report received as to his health from others was satisfactory, and in a letter I received from a medical friend at Denver, while this article was going through the press, he says: "Mr. S—— has called, and is looking well, but had one or two hæmorrhages during the summer. He expressed very great regret that he missed you in Denver, but will write you at an early date and give you an account of himself."

Statistics of Deaths for the last five years in Denver.

Year.	Total deaths.	Consumption.	
1882	494	48	—
1883	808	111	—
1884	840	108	—
1885	945	155	In Colorado, 11
1886	991	186	„ 20
1887*	995	156	„ 13

* Up to August.

Since 1885 the deaths from consumption have been carefully tabulated according as they were contracted east or west or in Colorado. The explanation of "contracted east" means any state or territory east of the Missouri, and "contracted west" means any state or territory west of the same river, other than the state of Colorado. Thus, out of a total of 2931 deaths from 1885 to Aug. 31st, 1887, 497 were attributed to consumption, and from these only 33 contracted the disease in Colorado. Since 1882 the death-rate from all sources has markedly increased, but it is to be remembered that since that time Denver has nearly doubled its population, the estimated population now being 80,000. Industries and trades are flourishing. Printing, bookbinding, and shoemaking employ a large number of hands, and we know from the death-rate of other cities that these employments notably increase the mortality from

phthisis. The very small proportion of 33 deaths from phthisis contracted in Colorado out of 497, shows the influence of the rarefied air in protecting the frame from causes which would otherwise operate in originating tubercle.

General conclusions.—The testimony of the physicians I spoke to in Denver and at Colorado Springs was this: that the high altitude is specially recommended for (1) early phthisis, or where there is a tendency to this from hereditary predisposition; (2) hæmorrhagic phthisis; (3) chronic pleurisy, where after the removal of the fluid the lung does not expand, and in chronic pneumonia where the consolidation is not removed; and (4) the second stage of the disease, when it appears to be quiescent and there is no evidence of rapid disintegration. The patients who should not be sent are those who suffer from heart disease, chronic bronchitis, emphysema, or where with phthisis in the first two stages there is any nervous irritation and sleeplessness or affection of the kidneys. They were also pronounced on a crucial question—viz., that there was not complete recovery, except in the incipient stage; that there was only a drying-up of the tubercular deposit, which would again become active if the patient returned for however brief a time to a climate which was variable and moist. The continuance of the dry aseptic air was essential, and disregard of this fact led to a rapidly fatal issue. The patient, male or female, in whose case the phthisis is arrested, must necessarily live permanently in Colorado or in a high altitude. Fortunately this State is young. There is room for all, and with renewed vitality and vigour the no-longer invalid can find something to do, either in the open air or in some in-door employment. But if Colorado does not seem a sufficiently large field, there are abundant proofs of the growing activity of Kansas city, situated in the State of Missouri, but very near to Colorado, and with an altitude of 4000 feet. Here is a city increasing by leaps and bounds, or, as it is termed, a "boom." Within six years its population has doubled, and one hundred trains daily pass through the central depôt. I have never visited any city which exhibited such marvellous growth, and whose future seemed so full of promise. It has become a serious rival to St. Louis, and some sanguine prophets already term it "the Chicago of the West." Speaking from a sanitary point of view, it is visibly extended over a wide area, with no poor or crowded alleys. The streets are wide, and cable cars move rapidly and often through the thoroughfares; and in the evening the electric light sheds its brilliancy over the streets, and pervades theatres and places of business. In THE LANCET of July 9th an editorial article states, and justly so, that "a hospital is but a poor part of the remedy for the misery of consumptive disease." And further, "we also require a large charitable fund for the good of those threatened with, rather than those actually ill of, phthisis. A change of air would do more for such cases than any mere hospital treatment, and is a form of charity that would be worthy of the Jubilee year of Queen Victoria." In a like spirit, but not in such well-chosen words, I ventured to advocate the same fund at the last meeting of the British Medical Association in Dublin, and, I may add, the paper was sent to the secretary of the Therapeutic Section on July 1st. I wrote at that time from no personal knowledge of the climate suitable all the year for such cases of phthisis; but I am glad to state that my autumn holiday has enabled me to visit Colorado, and I am convinced that in its pure dry air many patients who linger at home only to die might there get better and work and do well. Would that some millionaire might be induced to give out of his abundance the foundation of a large charitable fund, such as THE LANCET suggests; and if inclined to do so now, the Latin adage, "Bis dat qui cito dat" should be present to his mind.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST.—The Princess Christian paid a private visit to this hospital on the 19th inst. Her Royal Highness was received by the vice-chairman of the hospital, Sidney Gosnell, Esq., and by the secretary, Mr. Austin, and conducted through the wards, speaking most kindly to the patients. Before leaving she expressed a wish that one of the wards should bear her name, and be called the "Helena Ward." The Princess expressed pleasure with the arrangements of the hospital, and regret that some of the wards were closed for lack of funds, and hoped that she might soon hear of their being opened.

THE VALUE OF COCAINE IN OBSTETRICS.

BY JOHN PHILLIPS, B.A., M.B. CANTAB., M.R.C.P.,
PHYSICIAN TO THE BRITISH LYING-IN HOSPITAL.

COCAINE is now so generally used locally as an anæsthetic, that it seems rapidly assuming the *rôle* of a universal panacea for all pain. This indiscriminate use cannot, however, be too much deprecated, more especially in obstetrics, and it seems most desirable that certain rules for its administration should be laid down. Statistics of any value on this subject are scanty, but all the more important contributions have been analysed, and the result embodied in the following lines:—

The action of cocaine may be considered under five heads: 1. The vomiting of pregnancy. 2. During the dilating stage of labour. 3. During the expulsive stage of labour. 4. During any necessary obstetric operations, be they ante-partum, intra-partum, or post-partum. 5. Sore nipples.

1. *The vomiting of pregnancy.*—Weiss[1] appears to have been the first to call attention to the drug for this object, and gave it as a last resource, but with entire success. He administered it as the hydrochlorate in doses of one-sixteenth of a grain, by mouth, every half-hour. Fraipont[2] reports several successful cases; he prefers to administer it by subcutaneous injection of twenty minims of a 4 per cent. solution into the epigastrium. Engelmann[3] relates a most obstinate case, where morphia, cauterisation of the os uteri, and injection into the rectum of CO_2 had all been tried without avail. He gave ten minims of a ten per cent. solution thrice daily by mouth, with entire recovery in two days. Bois[4] relates the case of a young multipara who was brought to a moribund condition by pregnancy vomiting; she had arrived at the fourth month. He made a pomade of cocaine hydrochlorate and vaseline (1 in 50), and placed a piece the size of a filbert against the os uteri: a fresh application was made night and morning. Amelioration of her symptoms soon began, and at the end of three weeks recovery was complete.

Here, then, we have cocaine administered in every variety and with evident success. My own experience amounts to two cases. In Case 1, a nervous primipara at her seventh month, vomiting occurred after every meal, and she was reduced to lie upon the couch all day, but unfortunately with no good effect. After trying the usual remedies, bismuth, soda, and ingluvin, I prescribed cocaine as follows:—Cocain. hydrochlor., $\frac{1}{10}$ gr.; tinct. aurantii, 10 m.; mist. chloroformi, $\frac{1}{2}$ dr.; aquam ad 1 dr.; every three hours. There was a peculiar numb sensation about the tongue and fauces after each dose, but the effect upon the stomach was remarkable. The vomiting gradually ceased, and in three days she was able to take soup and milk puddings, and in a week became quite well, and went to the termination of her pregnancy without further return of her trouble. In Case 2 the result was more in doubt. Vomiting was general all day, the patient being at the end of the fourth month. The drug was administered as before and was taken continuously for a fortnight. The vomiting gradually ceased and never returned. Of course here it might have stopped in consequence of the natural progress of pregnancy.

2. *During the early stages of labour.*—I am able to bring forward four cases of this kind, three being successes and one an absolute failure. The first case, A. B——, a primipara, aged eighteen years, had been in labour six hours when I saw her. The os uteri just admitted the tip of the examining finger, and no thinning of the lips had as yet occurred. The pains were most severe; she was throwing herself about and crying continually. I inserted one of Head Moore's cones[5] immediately after a pain; it was almost entirely dissolved in nine minutes. The effect was at once apparent, the pains coming more regularly even than before; but between them the patient gradually dozed off and cried out no more. The effect of the drug was kept up for four hours, at the end of which time the os uteri was thinned out and dilated fully. Labour terminated naturally. The next two cases were counterparts of the fore-

[1] Prag. Med. Wochensch, 1884, No. 51.
[2] Ann. de la Soc. Médico-Chirurg. de Liège, 1886, p. 367.
[3] Cocain bei unstillbaren Erbrechen der Schwangeren, Centralbl. f. Gynäk., 1886, p. 396.
[4] Bulletin général de Thérapeutique, 1886, p. 507.
[5] Brit. Med. Jour., 1885, vol. ii., p. 1140.

going, but the last, for some unexplained reason, was entirely unrelieved. In order to understand the effect of the drug, we must try and analyse the early pains of labour. Two agents unite to produce them: 1. The pain of uterine contraction—similar, indeed, to any other organ consisting of smooth muscular fibre, endeavouring to expel its contents. 2. The pain resulting from the stretching of the nerves of the cervix and the lacerations of the cervical tissue (more or less slight) which doubtless occur. Over the first cocaine has absolutely no control, and its beneficent effect in this stage is due to its mitigation of the second kind. Doleris and Dubois[6] painted the uterine neck through a speculum with a 4 per cent. solution of glycerine and hydrochlorate of cocaine. They experimented in eight cases, and in six the result was decidedly affirmative. Jeannel[7] relates six cases, and in five of them (three of which were successful, and which he gives in full) he applied cotton-wool tampons soaked in a 5 per cent. solution to the cervix and posterior vaginal cul-de-sac. In the first case he cautions us against the use of bichloride of mercury with cocaine, as he found the former decomposes alkaloids with great rapidity. In three successful cases by Fischel[8] a 2 per cent. solution was applied to the cervix on a tampon, and repeated every twenty minutes. In two others, however, a similar application of a 4 per cent. and then a 2½ per cent. solution produced a negative result. The method adopted by Hartzhorne[9] is to introduce through a female glass syringe, as high up as possible behind the cervix, the following mixture: Cocaine, 6 parts; glycerine, 20; and vaseline, 24.

And now as to the best mode of application of the drug. I must here venture to differ with those who use the speculum. The objections appear to be (1) the exposure necessary; (2) the idea which must imbue the patient that some operation is about to be performed, in spite of all assurances to the contrary; (3) the removal of the vaginal discharge necessary before the application of the drug, which would be detrimental to the course of the labour; (4) a very large number of hyperæsthetic primiparæ can scarcely bear an ordinary vaginal examination, much less the introduction of a speculum, and these are the very cases in which cocaine is of so much value. I always use Moore's cones, because of their simplicity and painless introduction—because of their antiseptic properties and the ability to use them without the patient's knowledge. Indeed, I think no improvement can be made upon them, either in composition or shape.

3. *During the expulsive stage of labour.*—Here the factors causing the pain are much more numerous. We have (1) the deeply seated pain from compression of the large nerve trunks; (2) the pain of the stretching of the perineum and vulva, which is most excruciating; (3) the pain from compression of the mucous membrane against the pelvic bones; and (4) the pain of true uterine contraction. It is only from the third that any relief is obtained, as all mucous membranes are anæsthetised by a 2 per cent. solution of cocaine. The part this factor, however, takes in the totality of an expulsive pain must be so slight that it may be neglected, and almost before making experiment we can say, on physiological grounds, that any certain or marked relief is out of the question. In six cases in which I have tried the drug either in the form of saturated tampon (5 per cent.) or painting the vulva with it, I have found practically no amelioration of the pains, and I need therefore not detail the individual cases. In a very elaborate paper by Fränkel ("Ueber Cocain als mittel zur Anasthesirung der Genital-schleimhaut"[10]) he confirms this view, and concludes his paper as follows:—"That it is little probable that cocaine can be used as a local anæsthetic in labours, because anæsthesia and analgesia developed under this drug are essentially superficial, while the pains of labour are the result of distension and stretching of tissues through their whole thickness." Drs. Dabbs and Hartzhorne have, however, used it extensively, and with very favourable results. I have met with isolated instances in the literature on the subject, in which a favourable result was thought to have occurred, but they scarcely influence the general result.

4. In this class it has suggested itself to me that cocaine might be useful, as, for instance, to anæsthetise the vulva in the operation for induction of premature labour by catheter, or the application of forceps on the perineum, or removal of an adherent afterbirth. I have had no experience of its value in these cases, and therefore content myself with making the suggestion. Hale[11] reports two cases where it was entirely successful in post-partum "vesical neuralgia." He injected twenty minims of a 2 per cent. solution into the urethra, with an immediate disappearance of the pain. A case is related in the *Cincinnati Lancet and Clinic* (Nov. 4th, 1884), in which cocaine was applied with success to the vulva of a recently delivered woman in order to pass the catheter, and there seems no reason why in cases like this the drug should not be of great service.

5. It is in *sore nipples* that cocaine has been most frequently tried, and again with doubtful results. Hergott[12] first made a local application of a 4 per cent. solution in nine cases, and concludes that suckling can be allowed without pain; the fissures rapidly heal, and cauterisation of them by nitrate of silver becomes a painless proceeding. Mecuen[13] found complete relief from pain in three cases he experimented upon. I have tried a 6 per cent. solution in four cases, and must confess that I was disappointed with the result. The anæsthesia produced was more or less deep, but only lasted two minutes, and the sores certainly did not tend to heal more quickly. In three cases weaning was deemed necessary, while in the fourth healing took place and successful lactation followed. Children do not object to taking the nipple after the application of the drug, nor do they appear to suffer in general health.

We may therefore draw the following practical conclusions:—1. That cocaine in whatever way administered for uncontrollable pregnancy vomiting is a valuable adjunct, and in some cases a superior drug to those at present in vogue. 2. That during the painful earlier stages of labour, especially in primiparæ, it materially assuages the pains, but neither quickens them nor retards their onset, and hence has no effect on the actual dilatation. 3. That it is useless in mitigating the pains of expulsion and those caused by pressure on the perineum. 4. That in the case of sore nipples it relieves the pain attendant on suckling, though the duration of its effects is not sufficiently long to be of material service. It is, however, without any apparent detrimental effect upon the suckling.

Harley-street, W.

[6] Archives de Tocologie, 1885, p. 165.
[7] Nouvelles Archiv. d'Obstetr. et de Gyn., 1886, vol. i., p. 216.
[8] Prager Med. Wochensch., 1886, No. 16.
[9] THE LANCET, 1886, vol. i., p. 1148, and personal communication.
[10] Central. f. Gynäkol., 1884, No. 49, p. 777.
[11] Nouvelles Archiv. d'Obstet et de Gyn., 1887, vol. ii., p. 291.
[12] Annales de Gynécologie, 1885, vol. xxiii., p. 81.
[13] Boston Med. and Surg. Jour., 1885, vol. ii., p. 229.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

THE SCIENTIFIC TREATMENT OF CONSUMPTION.

By G. W. HAMBLETON, L.K.Q.C.P.I.

THE following are short notes of the four cases to which reference was made in my paper read before the British Association at Manchester.

CASE 1.—In April, 1883, I saw H. O. M. E ——, a married lady, in conjunction with the gentleman who had attended her. We found the usual signs of phthisis of the right lung. Family history good; height 5 ft. 2 in.; vital capacity 85 cub. in. I accompanied the patient to Hastings, and saw that she was carefully treated on the principles I advocated in that paper.—June 13th: Much improved; vital capacity 130 cub. in.—21st: Improvement continues; now able to walk a mile or two; vital capacity 162 cub. in.—29th: Able to walk four miles; vital capacity 167 cub. in. The patient was unfortunately obliged to return to town. The improvement stopped, and after a few weeks she began to lose ground. In September the patient went to the Isle of Wight, the vital capacity then being only 161½ cub. in.—Oct. 9th: Very much improved: vital capacity 195 cub. in. She continued in the south, and was gradually accustomed to walk many miles daily; no chest symptoms.—Nov. 4th: Patient's appearance that of a lady in good health; vital capacity 201½ cub. in.—25th: Continues well; vital capacity 222½ cub. in.—Dec. 11th: Patient has recovered; angles of scapulæ lie flat on back; chest freely movable, and vital

capacity 226 cub. in., or 44 cub. in. above the so-called standard of health. Since that date the patient has had two children, there has been no relapse, and in September last her vital capacity was 220 cub. in.

CASE 2.—L. J. F—— was said to have disease of the right lung by the family doctor. The patient's father and uncles had died of consumption. I found the disease very limited, and the case a most favourable one to treat. Height 5 ft. 6 in. Chest girth at third rib 30 in., extent of movement ½ in.; girth at ensiform cartilage 29 in., extent of movement 1½ in. Treated on the same principles, the patient steadily and rapidly improved. Two months later the chest girth at the third rib was 32⅛ in., extent of movement 1⅝ in.; girth at ensiform cartilage 30 in., extent of movement 3 in. Two months after the above the patient had practically recovered. There was a further gain of half an inch in girth; no depression above or below clavicles; angles of scapulæ flat, and the weight 9 st. 5 lb. The patient continues well.

CASE 3.—This was a servant with disease of both lungs. The patient was sent home to the country, apparently recovered, and desired no further attendance. I have since lost sight of her.

CASE 4 is that of myself. It will be fully understood that I only refer to it to complete the *primâ facie* case I have established in support of this method of treating the disease. My mother, her three brothers, and two sisters, died of phthisis. In physical appearance I was a well-marked example of the so-called "inherited" disease. Height 5 ft. 9½ in., vital capacity considerably below the so-called standard; was always subject to winter cough; broke down while attending hospital in 1873, and was advised to leave at once in the middle of the session. There was no doubt about the nature of the disease. Since that time I have gained about five inches in chest girth, and for ten years have been free from any sign, symptom, or appearance of disease.

Upper Gloucester-place.

SALIVARY CALCULUS OCCUPYING WHARTON'S DUCT AND A PORTION OF THE SUBLINGUAL GLAND BENEATH.

By JOSEPH DIXON, L.R.C.P. ED., &c.

FOR a period of fifteen years my wife has from time to time been subject to a peculiar form of dyspepsia, which has occasionally been intractable to treatment. Not until recently did she inform me of the following symptom, and indeed took pains to conceal it from me until her distress induced her to tell me, or rather till I began to notice it myself. This was a swelling, more or less marked during or after meals, of the submaxillary and sublingual glands. This, she says, has always been worse after eating pork—a kind of animal food she could not for a long time be induced to touch. A week ago she complained of a saltish taste in the mouth, and called my attention to a purulent discharge appearing on one side of the frænum linguæ. At this time there was a swelling to be perceived, and articulation and deglutition caused pain. On examination, by passing the finger along the course of Wharton's duct from near the orifice of that canal to the position where it passes beneath the gustatory nerve, a distinct swelling could be clearly defined; it was very hard, and appeared to be about the size of a date-stone. An attempt was made to pass a fine eye-probe, which, however, could not be done without causing pain. I then with a tenaculum made an exploration, and from the grating sound it caused I readily ascertained that a stone was present. My patient was determined that I alone should perform the necessary operation for her relief; accordingly, on Saturday morning, Oct. 29th, I determined to extract the calculus. As I had no assistance, no anæsthetic was administered, but I injected ten minims of a 4 per cent. solution of hydrochlorate of cocaine into the submucous connective tissue of the sublingual gland, in the immediate neighbourhood of the calculus. I need not take up time in describing an operation of such a nature; but I may here remark that, except no pain was felt in inserting a sharp hook to draw forward the sublingual gland and making an incision about an inch long, considerable suffering was undergone in extracting the concretion. This, I may mention, was rendered somewhat difficult owing to its under surface being rough and spiculated, thus affording firm attachment to the connective tissue of the sublingual gland, in which it was deeply embedded. The physical characters of the concretion were—length one inch; shape conical, resembling a canine tooth; weight ten grains. Its chemical composition was apparently calcium phosphate.

Kempston, Beds.

CURIOUS COMPLICATIONS IN A MIDWIFERY CASE.

By HOWARD D. BUSS, M.R.C.S., L.S.A.

I WAS called to see Mrs. T——, multipara, aged thirty-five, on the night of Friday, Oct. 7th. On my arrival I found that she had had a sharp attack of hæmorrhage, which had just ceased. It came away, she told me, in a gush and then stopped. I made an examination, but could not make out anything except that the os was undilated. I was called again to her on Sunday evening, Oct. 9th, and found her in labour. Having made an examination, I found the os very high up, but dilating slowly, and could not make out the presentation. By palpation and auscultation I discovered that the head was in the normal direction—viz., downwards,—but it could not then be felt per vaginam. The pains continued regular and strong, but very little progress was made until about two hours after my arrival, when the child had descended sufficiently for me to make out that there was a placenta prævia, and situated more to the right than the centre. The patient having had bad times with her last three confinements, and the placenta having been adherent, I thought it advisable to call in some assistance. A neighbouring medical man was accordingly sent for, and on his arrival, after the placenta had been detached from the left side, we found that the right hand was presenting, together with the head and the right foot. As the pains were very strong, chloroform was administered. I inserted my hand into the uterus, drew down the presenting foot, and tried to get hold of the other, but found it impossible to do so, as the thigh was close to the abdomen and the foot near the head. Traction was made on the presenting foot till the buttocks were born, and then the other foot, being easily within reach, was brought down. I then drew down the arms and got them safely outside the vagina. The head not showing any signs of coming away, I put the forefinger of my left hand in the mouth, and, using traction there and also to the body, succeeded in extracting the child. The placenta was firmly adherent to the right side of the uterus and required detaching. It was very thin and small. The patient has not had a bad symptom, and recovered rapidly. The child (a male) was dead.

It is rather curious that the woman did not have any hæmorrhage previous to Oct. 7th, as this is a sign of placenta prævia. She had complained of pain in her right side for some months, but had never had any loss until that date. Her pelvis is very capacious, and she had a quantity of liquor amnii. In her three last confinements the placenta had been adherent and required taking away piecemeal. I cannot find any account of such a combination of complications.

Leominster.

A CASE OF LUMBAR HYPERTRICHOSIS.

By ARTHUR H. DODD, L.R.C.P. LOND., M.R.C.S. ENG.

AN abstract of a lecture by Mr. Bland Sutton, reported in THE LANCET of July 2nd, on Spina Bifida Occulta, reminded me of a case I had seen a few months previously which in certain particulars seemed somewhat similar to those referred to in the article; I have therefore thought that a few notes might be of interest.

A girl aged six years came under my care in May last, when, having occasion to examine her, I discovered the unusual development of hair in the region of the loin. The mother had noticed at the child's birth a quantity of fine downy hairs, which have continued to grow up to the present time. She had never noticed any swelling or anything else unusual about the part, nor has the child ever complained of weakness locally. The skin is normal and not pigmented at all, and apparently the same as that in the immediate neighbourhood. The hairs, which are equally distributed on both sides of the loin, are the same in texture

and colour as those of the head, and the longest measure six inches and a half. No deficiency or irregularity can be detected in the form of the spine, and there is no localised tenderness. Neither is there deformity, nor at present any ulceration about the foot, but she is troubled rather with cold feet and chilblains in the winter.

Remarks.—The position and distribution of the hair, together with the history of the case, seem to point to a case of spina bifida occulta, but not being able to detect anything abnormal about the spine, I have hesitated to place the case under that heading. In nearly all those reported in the article referred to, disease of the bones of the foot seems to complicate the case. The patient in the present instance is younger than any of those mentioned, and I am unable to find what is the youngest age at which perforating ulcer commences. I have, however, impressed upon the mother the importance of bringing up the child at once for examination should any pain or trouble occur about the feet at any time.

West Brighton.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

MIDDLESEX HOSPITAL.

A SERIES OF RENAL CASES, WITH REMARKS.

(Under the care of Mr. HULKE.)

THE following cases are the continuation of a series illustrative of renal surgery commenced at p. 1012 of our last issue, one of the chief points of which is the complete account, including the ultimate result, given in the more important, although in two instances the history extended over a period of some months. Mr. Hulke has appended remarks to each case fully explaining it, and pointing out its chief features. These cases are reported by Mr. G. S. Ware, house-surgeon.

CASE 5. *Nephralgia: simulation of renal calculus: exploration of kidney.*—On Nov. 10th, 1884, a tailor, aged nineteen years, was admitted into Founder ward complaining of attacks of excessive pain in his left kidney. He said that the pain began in the loin, and it thence darted down the abdomen into the testis, which became drawn up, and into the thigh. He described the pain as "agony." These attacks, he said, quite disabled him, making it impossible for him to follow his calling; they "doubled him up"; his life had become a burden to him, and he was ready to submit to anything that could be proposed for his relief. The first of these attacks, he said, occurred about twelve years ago. Four years later, during such a paroxysm, blood was first noticed in his urine, and this had occurred also in some of the more recent attacks.

On admission nothing abnormal could be felt in the left loin or abdomen, and he bore firm pressure on those parts when his attention was diverted from them. The urine was clear and light-coloured; sp. gr. 1016; its acidity, and the average daily quantity voided, were normal.

On Nov. 15th the left kidney was exposed by a lumbar incision, and its dorsal and ventral surfaces were examined by touch with a negative result. The organ was next pierced in several places with a needle. No abnormal condition being detected, further surgical interference was judged improper, and the wound was closed. It soon healed, and on Dec. 15th he was allowed to leave his bed.

During the first few days following the operation he complained of being unrelieved; then for a few days he said he felt better, and later again he expressed himself as suffering greatly. On Dec. 29th he first mentioned that twelve years before he had swallowed a pin, and he attributed his illness to this having stuck in and remained in his kidney. This was regarded as an illusion, and in his hearing a prescription was gravely dictated in Latin, and the ward sister was enjoined to measure out carefully and herself administer the exact dose. It consisted only of a few grains of sodium chloride dissolved in water, coloured with spt. lavand. co. The hope was expressed to him that this powerful remedy might dissolve the pain and relieve him of all his suffering. The effect of this placebo for some days appeared magical; all pain was absent, he was cheerful, and appeared happy; but later the former symptoms returned, and in January he left the hospital disappointed because he could not have his kidney cut out. His further history is unknown.

Remarks by Mr. HULKE.—The general appearance of the patient was so little in accord with such prolonged and severe suffering as he described, and his manner of expressing himself betrayed so much exaggeration, that from the time of his being admitted doubt was felt whether his disorder was not neurotic, and not calculus. It was thought not improbable that having been already under the care of several medical men, he might from their conversation about him have gleaned the symptomatology of renal calculus, and that his mind dwelling on the idea of this disorder, he might have come to believe that he had it. The occasional difficulty of detecting a small calculus within the kidney, even by direct palpation and puncture, is so well known that we are not justified by the negative result of the exploratory operation in denying the presence of such calculus in the organ, but we think it highly improbable in face of the very thorough examination of the kidney that it would have eluded discovery. This improbability of its non-detection, together with the subsequent history of the pain, and the magical though transient effects of sodium chloride, warrant the hypothesis that the patient's disorder was purely neurotic. His age, his appearance, and his demeanour whilst in the hospital well accorded with the above view of his malady.

CASE 6. *Suppurating tubercular kidney; perinephritic abscess; exploration by lumbar incision.*—On Feb. 24th, 1884, a maid-servant, aged twenty-one years, in a state of extreme emaciation and feebleness, with sunken flushed cheeks, was transferred by Dr. Cayley to Bird ward under Mr. Hulke's care. The left side of the abdomen was distended by a visibly prominent swelling which posteriorly filled the interval between the twelfth rib and the crista ilii; anteriorly, reached to within an inch of the middle line; above, nearly touched the line of the costal cartilages; and, below, very closely approached Poupart's ligament. The whole area thus marked out gave a dull percussion note. Above, it was separated by a narrow resonant interspace from the area of splenic dulness; and below, an equally narrow clear interval occurred between it and Poupart's ligament. The whole front of the swelling had a degree of firmness suggestive of solidity; but in the loin there was slight elasticity, giving rise to the suspicion of deeply situated fluid. Handling the abdominal swelling occasioned only trifling discomfort; marked tenderness was certainly not present, but the woman said that the swelling often occurred. Her urine was high-coloured and scanty, and the temperature febrile. She had diarrhœa. An examination of the chest disclosed moist inspiratory crackling over the front of the left lung, and posteriorly impaired percussion-note over both bases. The patient stated that five weeks previously, being at the time in good health, she was seized with backache, giddiness, and with pain in the left loin, aggravated when she drew a deep breath. These symptoms increasing in severity soon obliged her to take to her bed. A medical man called in by her employer, thinking that she had typhoid fever, procured her admission into the London Fever Hospital, whence she was transferred to the Middlesex Hospital by Dr. Cayley, who thought the swelling was probably a renal or peri-renal abscess.

At 2 P.M. on the day of her admission into the latter hospital, the swelling was explored with an aspirator passed into it between the twelfth rib. A little thick, flocculent blood-pus flowed. An incision was then made through the loin into the swelling, giving escape to a quantity of similar pus when the stratum of peri-renal fat was divided. The finger then passed into a large ragged cavity or space without distinct walls. This was washed out with a solution of chloride of zinc (forty grains to one ounce of water); a drainage tube was inserted, and the wound closed around it. At the operation, and in the dressing, the customary antiseptic precautions were observed. In the course of the same night the patient's breathing became short and hurried, and she had a distressing stitch in the left side of the chest; pleurisy had supervened. Next

morning she complained of sore throat, and the presence of an ulcerative pharyngitis was noted. The diarrhœa persisted, and, later, vomiting was superadded. Her little strength declined, and her condition soon appeared hopeless, but she lingered until March 16th, having survived nineteen days since her entry into the Middlesex Hospital (and the date of the exploration), and about nine weeks in all from the known beginning of her illness. A few days before her death the discharge from the lumbar incision became fetid.

At the necropsy the abdominal swelling proved to be an immense scrofulous kidney, centrally liquefied and sloughy. The right kidney was similarly affected, but in a less advanced stage. No evidences of tubercle were found in any other viscera. There was a septic suppurating infarct in the spleen, and in the lungs scattered purulent lobular pneumonia.

Remarks by Mr. HULKE.—This case would appear to be an example of primary renal tuberculosis, a disorder usually chronic, but here taken an exceptionally rapid course. It is possible that the tuberculosis may have long existed latent and insidiously progressive, and unmarked by obvious symptoms until the supervention of acute suppuration in the latter half of January, which gave rise to the supposition that the patient was suffering from typhoid fever. To the early accession of septic infection (it scarcely admits of doubt that this preceded the lumbar incision), hastening, as it did, the fatal termination, is probably referable the non-extension of the tubercular disorder to other viscera. The concurrent implication of the right kidney would have barred nephrotomy, even had the condition of the left been correctly diagnosed.

CASE 7. *Large myxoma enclosing the left kidney, extirpated together with this organ by abdominal section; recovery; recurrence of neoplasm, and death, about twelve months after the operation.*—On Feb. 22nd, 1886, a lady's maid, aged fifty years, a sallow, very feeble, and extremely emaciated brunette, entered Middlesex Hospital, under the care of Dr. Cayley, with an abdominal tumour, which occupied the left loin and the iliac region. In front it rose to the level of the umbilicus, and extended inwards to the middle line. The resistance in the left loin, very distinct when the patient was lying on her back, became somewhat less evident when she turned on to her right side, indicating a slight mobility of the mass. Except in a limited spot behind, the whole area occupied by the cancer gave a dull percussion note. The tumour was very elastic, but true fluctuation was doubtful. Dr. Edis, by a vaginal examination, found the uterus displaced upwards and towards the right; and he ascertained further that the tumour did not descend into the pelvis, and that it did not appear to have any connexion with the pelvic viscera. The urine was pale, clear, of average quantity and acid reaction; its specific gravity was 1015.

History.—The patient related that she had first noticed the enlargement of the abdomen in the preceding January. Coincidently with this she had begun to lose flesh and strength, and she had latterly through weakness become unable to discharge her work.

Diagnosis.—The position and the other circumstances of the tumour appeared best explained by the supposition of its being renal, and such it was considered to be; whilst its rapid increase, the coincident deterioration of health, and the patient's age concurred in favouring the idea of its being a malignant neoplasm, and not improbably a sarcoma. The apparently definite outline of the mass, together with some amount of mobility, encouraged the hope that it was yet encapsuled.

Treatment.—In the expectation that extirpation might be yet practicable, and as it appeared to offer the only prospect of present relief and of prolonging life, the removal of the tumour was proposed, and accepted by the patient with a full understanding of the risk. The large size of the mass made an abdominal section preferable to a lumbar incision. On March 8th, the patient being under the influence of ether, an incision about five inches long was made in the raphé below the umbilicus. When the abdominal wall was divided the tumour immediately came into view, and on tracing the peritoneum covering it, this was found to pass on all sides from the tumour into the abdominal wall, plainly proving the tumour to be retro-peritoneal. The peritoneal covering was next divided parallel to the outer border of the left colon, which descended along the front of the tumour, and then the tumour (which in consequence of its great elasticity was thought to fluctuate) was pierced with a large trocar. In doing this a thin delicate capsule, which simulated a cyst wall, tore, upon which it became apparent that the contents were not fluid but colloid in consistence. Free hæmorrhage ensuing, the abdominal incision was prolonged, the peritoneum detached from the front and sides of the tumour, and this latter was brought to the surface and extended through the external wound. In completing this, embedded posteriorly in the colloid mass, a firmer part was brought into view, having the characters of renal tissue. A stout strand, presumably comprising the renal vessels, having been transfixed and tied in two pieces, and a lesser band connected with the lower end of them having been similarly secured, these were divided (their cut ends were dusted with iodoform), and the tumour removed. An artery of the size of the radial cut early in the operation was easily secured. The peritoneal cavity was next very carefully cleaned, and the external wound was closed and dressed as after an ovariotomy.

Progress.—A slight laryngeal and tracheal catarrh caused a troublesome cough, which slightly retarded her recovery. On the second day a vaginal sanguineous discharge appeared, and this continued during several days. At the end of one month she was regarded as convalescent, and she returned to the general ward. Subsequently a parotid abscess formed. On April 20th she was sent to a country convalescent home, where she quickly regained strength, and on leaving it resumed her former occupation. In the following autumn she began occasionally to have vague, ill-defined uneasiness in the abdomen, which increased later to positive pain; and coincidently with this she became aware of swelling. On Nov. 16th she returned to the hospital for further advice. At that date the left lumbar and inguinal regions were found occupied by a very large elastic mass, fixed, and not having any distinct limits. This was plainly a recrudescence of the neoplasm. Under the circumstances no further operation could be advised, and she went home again. We are indebted to Dr. Fletcher of Derby for notes of her subsequent progress. The tumour rapidly grew. At the beginning of February, 1887, distinct nodules were noticed in both lobes of the liver, and there was some enlargement of the lymph glands in both groins. On Feb. 19th vomiting supervened, which, though relieved by effervescents &c., recurred and persisted until the patient's death on the 27th of the same month. The mass of new growth at that time extended from the left lobe of the liver to the pelvis, and also considerably to the right of the middle line of the body. The patient's relatives would not allow an examination after death.

Remarks by Mr. HULKE.—Whilst consecutive implication of the peri-renal fat by extension into it of infective neoplasms originating in the kidney appears to be an ordinary circumstance, and the peri-renal fat also seems to be not infrequently similarly implicated in the progress of renal inflammation, and occasionally also to be the primary seat of inflammatory disorders—e.g., traumatic abscess,—it would appear to be very seldom the seat of primary tumour formation. Of neoplasms beginning in the kidney sarcoma is probably the most frequent. Long remaining encapsuled, and possessing a high degree of elasticity, such renal tumours have, as is well known, been mistaken for ovarian cysts, the error not being discovered until the abdomen was opened. From the continuity of the peri-renal fat and renal capsule, and of this latter with the interlobular dissepiments of the kidney, coupled with the fact that these structures are severally varieties of the same great tissue group—that of the connective substances,—in which sarcoma, wherever occurring, probably always arises; and from the known relative frequency of this form of neoplasm in the kidney, the inference would not appear unreasonable that a primary tumour in the peri-renal fat would probably also be a sarcoma. In the present case the neoplasm, whilst not a sarcoma, was a closely allied form. Mr. R. Williams, surgical registrar and pathologist to the hospital, reported, from a careful examination, that the tumour presented the histological characters of a myxoma, and its rough, naked-eye appearances were in accord with this. The speedy recurrence, the rapid increase, and the wide extension of the myxoma are circumstances too frequently observed after extirpation of this form of tumour, even where the knife has been thought to have been carried through perfectly normal tissues well beyond the apparent limits of the tumour, and at a distance from it which might well be regarded as sufficient to exclude their being already involved in the morbid process. Here the kidney itself was not actually invaded by the tumour, but

merely flattened by the pressure of its mass, the principal bulk of which lay in front of it. Could the integrity of the organ have been previously known, and had not the copiousness of the hæmorrhage compelled expedition, it would have been practicable to have shelled out the organ from the mass of the tumour and preserved it; yet, in view of the locally infective character of myxomata, it may be doubted whether this procedure would have been wise, since it would have heightened the chances of recrudescence owing to minute portions of neoplasm remaining attached to the capsule. The deceptive simulation of true fluctuation noticed before, and also in the course of the operation, was well explained by the very soft, flickering colloid consistence of the mass.

BRIGHTON AND HOVE LYING-IN INSTITUTION.

DELIVERY OF A CHILD AT FULL TIME, FOUR YEARS AND A HALF AFTER AMPUTATION OF THE CERVIX FOR PROLAPSE.[1]

(Under the care of Mr. GOODE.)

M. S——, aged twenty-four, primipara, married ten months, commenced to menstruate when fourteen years of age, and, with the exception of amenorrhœa for three months, has always been regular. Her family history is unimportant. Before marriage she was a general servant, and since then has only done housework. Four years and a half ago she began to feel discomfort on walking, which gradually increased until the womb projected about four inches from the vulva. She was seen by her medical attendant, who thought it necessary to amputate with the galvano-écraseur, he having diagnosed it as simple hypertrophy. Menstruation quite normal since the amputation, and without pain. The patient became pregnant one month after marriage, and the history of the pregnancy was normal. At midday on Saturday, Feb. 19th, 1887, labour pains commenced. At 6 P.M. the membranes ruptured spontaneously, and the pains continued every ten or fifteen minutes all day Sunday, and on that evening (9.30 P.M.) she was admitted. On admission, the patient had pains about every fifteen minutes, but they were feeble, and the os, the size of a shilling, hard, and rigid, did not dilate during the pains. On examination the vertex presented, the posterior fontanelle lying over the os. It was impossible to introduce the forceps, so the patient was placed under chloroform and the os incised bilaterally, forceps applied, and the child delivered; the perineum was ruptured, necessitating two sutures; the uterus was syringed with a solution of carbolic acid (1 in 50). The child was apparently still-born, but was brought round after artificial respiration for fifteen minutes.

Progress and treatment.—Feb. 21st: Complains of smarting in vagina. Urine drawn off on the 22nd. Mother and child doing well. The former progressed until March 1st, when a speculum was passed to examine the os, which was found to be split, with the edges everted. The examination was followed by hæmorrhage, which was slight at first, but afterwards increased considerably. Hot douches and ergot failed to stop it, so the vagina had to be plugged with tampons soaked with glycerine and carbolic acid, which had the desired effect. The patient and child were discharged on March 19th.

[1] Read before the Brighton Medico-Chirurgical Society.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

Removal of Tubercular Movable Kidney.—Nervous Origin of Rheumatoid Arthritis.

AN ordinary meeting of this Society was held on Tuesday last, Mr. G. D. Pollock, F.R.C.S., President, in the chair.

Mr. WARRINGTON HAWARD related a case of Excision of a Tubercular Movable Kidney. A girl, aged sixteen, had suffered for sixteen months from irritability of the bladder, pain, and purulent urine. She was pale, but well nourished, and showed no signs of disease excepting of the urinary organs. A firm lobulated tumour, having the shape and characters of an enlarged kidney, could be felt in the right lumbar region of the abdomen, and could be made to move either up under the ribs, or down into the inguinal and umbilical regions. Pressure upon the tumour produced a feeling of nausea, and manipulation was followed by rigors and elevation of temperature. The bladder was sounded and found natural. The diagnosis was scrofulous suppuration of a movable kidney. In spite of treatment by rest and drugs, the symptoms increased in severity, and the patient's health steadily deteriorated. It was decided, therefore, to remove the kidney. This was done through an incision at the outer border of the rectus muscle. The commencement of the ureter being found thickened, dilated, and lined with granulation tissue, it was attached to the upper angle of the wound. The rest of the pedicle was returned into the abdomen. The kidney was found to be enlarged and in great part converted into large cysts filled with pus and caseous material. The remaining cortex was studded with miliary tubercle and caseous deposits. Vomiting of blood came on during the second day, and the patient died forty-four hours after the operation. Post-mortem examination showed the other kidney to be of healthy structure, but greatly congested. There was a complete absence of disease in the rest of the body. Removal of the kidney was preferred to opening and drainage in the loin, because of the mobility of the kidney, of the probability that its secreting structure was extensively destroyed, and of the difficulty if the kidney be left of preventing some of the irritating and infective pus still passing into the bladder. The abdominal incision was adopted because of the size of the kidney, and its displacement towards the front of the abdomen.—MR. POLLOCK had seen a case in which scrofulous disease affected only one kidney; the disease had extended down to the bladder along the ureter. He hoped the question would be discussed as to the justifiability of removing the kidney. He compared the surgery of the kidney with that of the bladder, and especially of lithotomy and lithotrity. The state of the other kidney should be ascertained, if possible, by an examination of urine drawn from its ureter alone.—Mr. HOWARD MARSH related a case which he had communicated to the Clinical Society. In this case the one kidney was movable; abdominal section was made, and the right kidney was found to be healthy; the left kidney was removed, and the patient recovered. It was a question whether the condition of the kidney could be ascertained through the anterior abdominal incision; by its means a more satisfactory exploration could be made than by lumbar palpation. He referred to one case in which extensive adhesions prevented his removing the kidney by the lumbar incision, and it would have been very difficult to have removed it by the abdominal incision.—Mr. THOMAS SMITH asked whether Mr. Haward drained the wound from the loin. The pulse stopped during the application of the ligature in Mr. Haward's case. He suggested that the ligature of the ureter should be first, next the artery, and then the vein, and by this means we might avoid much of the shock of the operation.—Dr. ORD would always be very slow to advise removal of the kidney unless he were very sure that the other kidney was sound, and this to be ascertained by the percentage of urea taken from the ureter of the sound kidney.—Mr. A. E. BARKER referred to a case in which he had, with Mr. Victor Horsley, taken tracings of the pulse during the application and drawing tight of the ligature to the pedicle of the kidney. The pulse and the tracing showed that but little effect was made on them by the procedure of ligature. A case of tubercular pyonephrosis of the right kidney was referred to, which was opened and drained, with much relief for a time. The urine from the bladder was acid, contained a little pus, and a fair percentage of urea. The opposite kidney, supposed to be sound, was in a far greater state of suppurative disease than the one on which an operation had been performed; this was ascertained by a necropsy, and fully justified Mr. Barker's refusing to remove the right pyonephrotic kidney.—Mr. BARWELL narrated a case in which ligature of the pedicle *en masse* was rapidly followed by death from shock. In two other cases treated in the same way no shock occurred. In a fourth case some considerable shock occurred, even when the constituents of the renal pedicle were tied separately. He considered it very important to ascertain the amount of urea discharged per diem.—Mr. WARRINGTON HAWARD said there was a difficulty in deciding, even by an examination of the urine, whether the other kidney was certainly healthy. It was also exceedingly difficult by mere palpation to say whether the remaining kidney was sound.

In his own case he allowed the edges of the peritoneum of the posterior wound in it to fall together, and no stitches or separate drainage was used. The ligature of the pedicle *en masse* was doubtless in his own case responsible partly for the death of the patient. Nevertheless, cases treated in a similar way showed no sign of shock.

Dr. ARCHIBALD E. GARROD introduced a paper entitled "A Contribution to the Theory of the Nervous Origin of Rheumatoid Arthritis," of which the following is an abstract:—Some of the arguments which have been put forward in support of the view that rheumatoid arthritis is a disease of nervous origin are examined in the light of a large number of cases. The statistics given are based upon a series of 500 cases. Arguments are adduced in support of the following propositions: 1st. That the causes of rheumatoid arthritis are such as might be expected to act upon the central nervous system. 2nd. That the distribution of the lesions is such as would be likely to result from nervous lesions. 3rd. That the distribution of the lesions is similar to that of certain arthropathies of spinal origin. The influence of heredity is first discussed. In 216 cases out of 500 there was a family history of joint disease, sometimes of more than one variety. There was a history of gout in 86, of probable gout in 10, of rheumatism in 64, and of other conditions which may be classed together as probably rheumatoid arthritis in 84. These figures can only approximate to accuracy as they are based upon information given by the patients. The influence of uterine causes is next discussed, and it is shown that when the female cases are arranged according to the age of the patients when the disease commenced, there is a steady increase in numbers up to the period of the menopause and a steady decrease after that period. Amongst the male cases there is no such regularity. Of the 500 patients 411 were women, and only 89 men. The influence of anxiety and care, mental shock, injuries, damp, cold, and previous rheumatic attacks, are discussed, and each of these is shown to have a share in the causation of the disease. Stress is laid upon the extreme symmetry of the joint lesions in rheumatoid arthritis, and some examples are adduced. Reasons are given for believing that there is a tendency for the joint lesions to advance up the limbs from the periphery towards the trunk. This order of invasion is by no means constant, but in particular instances it is well marked. In the localised form of the disease it is of course absent. The knees rank only second to the hands in liability to rheumatoid arthritis. Lastly, it is shown that there is a close resemblance between the distribution of the joint lesions in rheumatoid arthritis and in the recorded cases of arthritis following spinal concussion, whereas in more local spinal injuries one or more large joints are usually affected, as in tabes dorsalis. The associated nervous phenomena, such as muscular wasting, increase of tendon reflexes, &c., are regarded as secondary to the joint lesions, and as therefore lending no efficient support to the theory of the nervous origin of rheumatoid arthritis.—Sir DYCE DUCKWORTH agreed with the views expressed in the paper. The morbid anatomy of this disease required very much more investigation than had at present been given.—Dr. ORD had been interested in this subject for many years. The joint troubles were to be regarded rather as symptoms than as the whole disease. He came to the conclusion that nervous influences had a great deal to do in the causation of this disease. He believed that nervous influence was reflected from the uterine organs to the spinal cord and on to the joints. The cord also exerted a primary influence. Injury might lead to a joint affection, and then the nervous system tended to propagate the joint change to other joints. He compared rheumatoid arthritis to progressive muscular atrophy. In a case of chronic cervical pachymeningitis there was much muscular and cutaneous wasting, and later a remarkable degree of chronic osteo-arthritis developed. In another case of spinal injury joint trouble followed at a long interval the muscular wasting.—Dr. BUZZARD said that in association with Charcot's disease of the joints there was a much clearer evidence of disease in the central nervous system than was the case in rheumatoid arthritis. He alluded to the various crises and paroxysmal secretions occurring in tabes dorsalis as evidence of the involvement of the central nervous system in most cases. Eight years ago he promulgated the theory of a joint centre in the medulla oblongata, and he brought forward arguments to show that acute rheumatism might be an acute affection of the medulla oblongata.—Dr. HERRINGHAM alluded to the belief which he shared that cold and damp were very potent causes of rheumatism and rheumatoid arthritis.—Dr. GARROD, in reply, said he should have classed Dr. Ord's case of myotrophy as one in which the arthropathy was due to definite nervous lesions, and therefore not of the same category as rheumatoid arthritis.

MEDICAL SOCIETY OF LONDON.

Cerebral Hemianæsthesia. — Cholecystotomy.

A MEETING of this Society was held on Monday, Nov. 21st, Dr. J. Hughlings Jackson, F.R.S., President, in the chair.

Dr. DAVID FERRIER read a paper giving an account of the symptoms (in seven cases) and the post-mortem appearances (in five cases) of patients suffering from Cerebral Hemianæsthesia, the most of them recently under his care at the National Hospital for the Paralysed and Epileptic. Before entering into the details of the cases he gave an account of the anatomy and physiology of the internal capsule and basal ganglia, and the vascular supply of those regions. Hemianæsthesia depended on lesion of the posterior third of the hinder segment of the internal capsule, and the symptoms varied according to the extent of implication of this region, and whether the lesion invaded also the occipital region or corpora geniculata, in which case hemiopia occurred. The first case alluded to was a woman (exhibited) who had been affected for some years with hysterical hemianæsthesia. On the left side she was almost blind and deaf, had loss of smell and taste, and of common and muscular sensibility, the left hand up to the wrist excepted. The next case described was that of a woman who had never been the subject of hysteria, but who suddenly one evening became paralysed on the right side. She exhibited six months after the attack complete hemianæsthesia on the right side. She was treated in the hospital with faradisation, and recovered in the course of three months. The third case was one of hæmorrhage into the right optic thalamus and posterior division of the internal capsule, and a smaller and more recent effusion into the left optic thalamus. Besides left hemianæsthesia in this case, there was also left hemiplegia complicated with pain and spastic rigidity, associated apparently with the more recent lesion in the left optic thalamus. There were clonic spasms for a time in the right arm and leg, and the whole course of the case extended over a period of two months. The fourth was a similar case, under the care of Dr. Hughlings Jackson, in which death occurred five months after the onset of the disease. The lesion was a softening invading the lenticular nucleus and posterior division of the internal capsule of the right hemisphere. The fifth case, which was under the care of Dr. Ferrier and Dr. Hughlings Jackson, was one of right hemiplegia and hemianæsthesia, with hemiopia and some degree of aphasia and word-blindness. The left basal ganglia and internal capsule were softened, and the overlying cortex flattened; there were also adhesions of the membranes in the region of the fissure of Rolando on both sides at the upper part. There was a history of alcoholism in this case, which ran its course in two months. The sixth case, under the care of Dr. Ramskill, was one of left hemiplegia, hemianæsthesia, and hemiopia, due to hæmorrhage invading the posterior division of the right internal capsule and the occipital region. This case, like the last, ran its course in two months. The seventh case was one of cerebral tumour (sarcoma) occupying the whole of the left occipital region, and pressing forwards on the temporal and parietal lobes. Dr. Ferrier had seen the case in consultation with Mr. Lewis May five months before death, and had correctly diagnosed the position of the tumour. Besides the general symptoms—optic neuritis, &c.—of cerebral tumour, there was a right hemiopia, together with right hemianæsthesia. The question of operation was discussed, but was not considered advisable, owing to the evident extensive implication of the hemisphere. The tumour was of the size of an orange, and the parts anterior to it considerably softened.—Dr. HUGHLINGS JACKSON had seen the case last described by Dr. Ferrier. He witnessed the patient at one time in what might be termed "an attack of tremor." He had seen opisthotonos in a case of tumour of one cerebral lobe.—Mr. LEWIS MAY thought that symptoms arising from pressure on neighbouring parts might mislead one in diagnosing the exact seat of a tumour.—Dr. BREVOR described his experiments with Mr. Horsley of stimulating in minute areas the motor part of the internal

capsule in the monkey. The anterior motor fibres near the "knee" of the capsule caused movements of the head and eyes to the opposite side, then from before backwards were produced movements of the mouth, jaw, and tongue, the arm, the trunk, the lower limb, and lastly, the big toe.—Dr. FERRIER, in reply, referred to the difficulty of diagnosing organic from functional lesions. The association of complete hemi-anæsthesia with excellent health, and its distribution when inexplicable on anatomical grounds, led him to suspect hysteria as a cause.

Mr. J. KNOWSLEY THORNTON read notes of two cases of Cholecystotomy. The first, a female of forty-five, was placed under his care by Dr. George Johnson, and was operated upon when deeply jaundiced, and in very broken health from the pain of constant attacks of gall-stone colic. A single stone was found impacted in the common duct; the bladder and its duct being much contracted, rendered the operation very difficult, and it was found impossible to follow the usual practice, and suture the edge of the wound in the gall bladder into the parietal incision. It was therefore carefully closed by four silk sutures and dropped into the peritoneum, glass drainage tubes being placed in the peritoneum just below the liver and in the pouch of Douglas, through a counter opening above the pubes. The patient made a good recovery, and remains well. The second case was that of a female, aged fifty-six, who was a patient of Dr. Henley of Woodbridge. The operation was similar, one large stone being impacted in the cystic duct, which was contracted in front of it; and two other large stones were found impacted in the common duct. This patient also made a good recovery. The difference between such operations and those in which the gall bladder is distended behind a stone impacted in the cystic duct were pointed out, and the precautions to be observed in each operation were discussed. The entire removal of the gall bladder and the possibility of forcing the stones through by manipulation without surgery were mentioned, and some curious cases which had come under the author's notice were briefly referred to.—Dr. GEORGE JOHNSON pointed out that in many cases of jaundice the history of a sudden onset with pain could not be relied on. He quoted a case in which a diagnosis of gall-stone having been made chiefly for this reason, operation revealed a scirrhus tumour at the end of the duct. A second case with similar history proved to be one of hepatic hydatid, in which secondary cysts were periodically passed by the gall duct.—Mr. THORNTON, in reply, deprecated the use of the sharp probe as an instrument of diagnosis.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

A MEETING of the above Society was held on Friday, Nov. 4th, Mr. C. B. Keetley, President, in the chair.

Mr. PERCY DUNN exhibited (1) the Sac of a Hæmatocele removed during life; (2) an Epithelial Growth from the tongue; and (3) a Kidney with Calculi.

Dr. HERRINGHAM showed (1) a case of Optic Neuritis with preservation of vision; (2) a case of Syphilitic Laryngitis; and (3) one of old Facial Paralysis.

Dr. SPICER read a paper on Obstruction of the Nose, its bearing on Throat and Ear Disease, and its Treatment. The author referred to the scanty amount of literature and observations regarding the functions of the nose in respiration. Dr. Aschenbrandt's observations on the connexion of the nasal functions with aural affections were alluded to, and the fact pointed out that the higher animals normally breathe through the nose, and not by the mouth. Sir Morell Mackenzie has shown the great power of the nasal passage in heating the air, and Aschenbrandt has proved that almost the whole of the warming and moistening of the inspired air takes place in the nose. Constant inspiration through the nose is injurious, and in cases of nasal obstruction the current of air only passing along the lower meatus may cause dryness and catarrhal changes &c. in the pharynx, alteration in the voice, snoring, noisy breathing, sneezing, tickling cough, secondary catarrh, loss of smell, &c. Nasal obstruction may also give rise to exhaustion and collapse of the Eustachian tubes, the rhinitis extending into the tubes, while catarrh and many other sequelæ may result in the aural apparatus. With regard to treatment, the use of cocaine for congestive obstruction was recommended, as well as tubes in place of bougies; also, in suitable cases, the local application of chromic acid to produce bands of contracting cicatricial tissue, and sometimes the galvano-cautery. The removal of polypi and bony growths, and the treatment by fracture of deviations of the septum, were discussed, and the advantages of the saw or nasal trephine, worked by a "dental engine," pointed out. The author concluded by referring to Dr. Curtis's recent observations.—The PRESIDENT remarked on the beneficial use of hazeline in congestive obstruction, as well as of hot water and a cold foot bath. He thought that it was not generally known that a deviated nasal septum is a common cause of nasal obstruction, and that the enlargement of one meatus does not usually compensate for the narrowing of the other.—Mr. SHIELD observed that in an extensive experience in the removal of vegetative growths from the pharynx in children, he had found difficulty with the forceps, and also with the artificial finger-nail; he now prefers the use of his own finger-nail, allowed to grow long for the purpose, followed by the application of sulphate of copper. He requested information as to Dr. Spicer's method of operating in these cases.—Mr. LYNCH related the case of a lady with a dry and hypertrophied tongue, which she had been recommended to have removed; it was, however, discovered in time that nasal obstruction existed on both sides, and that this was no doubt the cause of the changes in the mucous membrane of the mouth.—Dr. THUDICHUM referred to his own experience of over 3000 cases, and stated that, having carefully scrutinised the American results, he had no hesitation in warning the Society against their acceptance. His own radical operations were undertaken solely to remove the disease itself. He regretted that Dr. Spicer had taken no notice of the work done in this country, much of which had been laid before this Society. He emphatically spoke against the use of chromic acid, Sir Andrew Clark's method, operations on the septum, &c., for the cure of reflex neuroses.—Dr. BALL considered that there are certain cases in which escharotics are advisable. Where there is deviation of the septum and narrow meatus, leading to blocking, the galvano-cautery with the help of cocaine is very satisfactory. Cocaine only reduces the swelling temporarily, and there may be subsequent congestion.—Dr. SPICER, in reply, regretted that much of his paper, from its length, had to be left unread, and particularly that part which referred to British work. In answer to Mr. Shield, he stated that he used the forceps as modified by Woakes; the finger cannot remove such growths in adults. The galvano-cautery is, in his opinion, less delicate than the revolving drill. Chromic acid, when used, must be applied with great care to the exact part which is to be cicatrised; if properly employed, no ill results ensue, except perhaps a little catarrh. He considered it unjustifiable to operate simply to remove a growth which had no deleterious effects. He insisted again on the great use of cocaine in certain cases.

Dr. THUDICHUM read a paper on the Varieties of Aconitine, and the Dangers of their Medical Use. The author remarked how often drugs possessing healing properties have powers going far beyond. On account of progressive concentration alarming effects may be produced and a medicine become discredited. The different varieties of aconitine, are due to its varying sources and differences in soil and climate. One variety is actually 4000 times more poisonous than another. Even the so-called "English" aconitine is not always the same substance; one manufacturer may prepare it from A. napellus, another from A. ferox. The German aconitines are also of different strengths, and the French "aconitine crystallisée" is really a nitrate. With such variations, it is surprising that fatal mistakes have not more often ensued. The author has compared the chemical properties of a large number of specimens of aconitine; there are certainly three distinct substances known by the name, and very likely a fourth. They vary in their chemical reactions, as well as in their poisonous power. On account of the danger of their use, he agrees with Professor Gluch that they should all be removed from the Pharmacopœia. He considers that with aconitine paralysis of the sensory nerves is very slight and superficial, and that the motor nerves are more affected. He alluded to numerous experiments on rabbits, and especially remarked on the rapidity of the poisonous effects. In his opinion, the best treatment after a poisonous dose is the swallowing of charcoal and an emetic of sulphate of zinc.—Dr. POPE related the deleterious effects of five drops of tincture of aconite, and stated that since this experience he had given up the use of aconite.—

Dr. HERRINGHAM considered aconite a real sedative, relieving pain which resisted all other drugs. As a medicine it was largely used, and not with bad results.—Dr. OWLES corroborated the last speaker, having employed it extensively, and never with evil effect.—Dr. ALDERSON had prescribed the tincture of aconite largely, and had found it most useful in numerous cases. He considered the purity and uniformity of drugs a matter of the utmost importance.—Dr. DODSWORTH thought that the effects of such remedies should be carefully watched; small doses of aconite in his hands had apparently done good.—Dr. WARNER related a similar case to Dr. Pope's. The patient was nearly poisoned by a dose of aconite administered by a homœopathic practitioner.—Dr. THUDICHUM shortly replied.

ULSTER MEDICAL SOCIETY.

THE opening meeting of the session (1887-88) was held in the rooms of the Society, the Museum, College-square North, on Wednesday evening, the 9th inst., at 8 o'clock. There was a large attendance of members.

A vote of thanks having been moved and passed unanimously to the out-going President (Dr. Whitla) for his untiring zeal during the past year, the President (Dr. Esler) delivered his opening address, in which he dealt with the origin and progress of medical matters in Belfast, and compared the practice of medicine and surgery in 1837 with that in 1887. At the conclusion of a very able address a hearty vote of thanks to the President was moved by Dr. J. W. Browne, seconded by Dr. A McConnell, and carried by acclamation. A large number of medical men were nominated for membership.

The following is a list of the office-bearers for this session:—President: Dr. Esler. Vice-Presidents: Drs. Dempsey and O'Neill. Librarian: Dr. H. S. Smith. Pathological Secretary: Professor Sinclair, M.D. Treasurer: Dr. Coates. Secretary: Dr. John McCaw. Council: Professor Dill, Drs. Burden, Kevin, Calwell, O'Connell, and Bigger.

Notices of Books.

Traité Complet de l'Examen Médical dans les Assurances sur la Vie. Paris: J. B. Baillière et Fils. Pp. 571.—An anonymous scientific work must possess strong intrinsic merit before it can command acceptance at the hands of those who are in the habit of gauging every written statement by the known personal equation of the author; it must deal solely with recognised facts or theories, and it must not endeavour to introduce any innovations whatever; in fact, it can only be a *résumé* or rearrangement of common property for the sake of presenting it in an unfamiliar aspect to those who have not leisure to think for themselves. The reader naturally desires to know the status of his instructor, and when this knowledge is denied him, he is tempted either to throw the book aside as unworthy of consideration, or to undertake its perusal in a cavilling spirit, anxious to find flaws which shall justify and explain the author's wish to remain unknown. We are informed that the work above named has been compiled by the physician of one of the French insurance companies, with the assistance of an experienced actuary. Credit is claimed for anonymity on the score of the truthfulness and independence inseparable from a work against which no idea of business speculation may be urged. The scope is ambitious, aiming at filling a supposed gap in medical literature by supplying information of the expectancy of every case, measured by a consideration of the actual physical condition of the life proposed, together with the circumstances tending to curtail this expectancy from the influence of heredity or from the occurrence of previous illnesses. The book is divided accordingly into five sections. An introduction deals with the position of the medical examiner, and his duties to the office employing him, as well as to the individual examined. Then follows a very valuable section upon heredity divided into sub-sections for various diseases. The third portion looks to the previous personal history of the proposer; the fourth describes the precautions necessary in examining the individual; and lastly, in an appendix we find grouped together the medical forms of some few foreign insurance offices, selected for reasons which are not obvious, some notes on the average duration of life, some tables of mortality, and charts in which their value may be easily traced. The introduction is somewhat chatty and discursive, but defends sensibly enough the lengthy medical forms occasionally put before the examiner, amusing examples of temporary mental aberration being quoted. One story seems almost too good to be true: the proposal of a good life was marked "*inadmissible*" by a hospital physician, who was confusing the proposer with a sick person seeking admission to the wards. We are glad to note that heredity is regarded in two directions, ascending and descending, the former of course dealing with the parents, brothers, and sisters, the latter with the children. Descending heredity is very commonly overlooked, but occasions are by no means rare in which inquiries in this direction have been serviceable in dealing with a doubtful case. In this section, however, we meet with a surprise. According to the statements made here, and also later on in the book, the custom of French offices appears to be this: a case is accepted or declined, or acceptance may in certain instances be deferred, but no hint is given of meeting an increased risk by loading the premium; the whole system of extra premiums by which, in this country, certain offices gain largely on insuring unsound lives, seems to be ignored in France. Another point upon which a difference exists is the candour apparently expected from the proposer, for directions are given concerning hæmatemesis, melæna, and other symptoms, for which we have to trust implicitly to the admissions made in our presence. The remarks upon the personal examination of the proposer are, as a rule, sensible enough, but we venture to hope that few members of our profession need so much education when called upon to examine a life; it might surely have been assumed that medical men entrusted with such duties should be able to recognise locomotor ataxy, or to examine the urine for sugar or albumen, without so many detailed instructions. The index and the table of contents appear to be full and useful.

Pathology and Treatment of Ringworm. By GEORGE THIN, M.D. London: J. & A. Churchill. 1887.—The purpose of this work is to describe, so far as is known, the nature and peculiarities of the trichophyton tonsurans fungus, the changes in the human skin to which it gives rise, and the treatment which experience shows is most likely to be successful in destroying the parasite and curing the diseases which it causes. Dr. Thin gives a plain, unvarnished exposition of the subject, conceived in a scientific spirit, and he has successfully kept in view throughout the practical object of the work. There is nothing very new offered to the profession, if we except the results of his cultivation experiments, which lead him to hold that the trichophyton tonsurans is a fungus by itself, and totally distinct from the common fungi whose spores infest all the objects by which we are surrounded, and that the home of this fungus is solely in certain parts of the horny layers of the epidermis of some of the mammalia. Dr. Thin's indications for treatment are clearly given, but such is the diversity of practice that many will no doubt think he has finally adopted very mild and unsatisfactory methods. He gives an interesting and useful account of the plans in vogue in the hands of the Hôpital St. Louis physicians. At the end of the book we find an illustration of the fungus found in some scales from a case of tinea imbricata sent him by Dr. Manson. We miss any discussion of the widespread phases of ringworm, such as

are found in many hot climates, and occasionally in this country, and also his experience of the existence of the acute macular form described by Hebra and his disciples.

Anatomy, Descriptive and Topographical. By CARL HEITZMANN, M.D., and LOUIS HEITZMANN, M.D. London: Dulau and Co. 1887.—Messrs. Dulau have published for the English-speaking medical public a translation of Heitzmann's "Anatomischer Atlas," which is so popular a text-book in Germany. The illustrations are very familiar, and in some instances show that the original blocks have been so much worn as to lose in distinctness and finish. The Latin names employed for the identification of the structures depicted will detract materially from its sale in Great Britain, if not in America. We find no special advantage in the work which would entitle us to recommend it to students in preference to the text-books and atlases which are usually recommended in this country.

Anatomy, Descriptive and Surgical.—By HENRY GRAY, F.R.S. Eleventh Edition. Edited by T. PICKERING PICK, Surgeon to, and Lecturer on Surgery at, St. George's Hospital, &c. London: Longmans, Green, and Co. 1887.—Although Mr. Pick has made many alterations in this edition, we are pleased to find that the general character of the book remains the same, and that the peculiar advantages of readability, clear diagrams, and precision of statement have been carefully preserved. The corrections in the work are mainly of errors of detail, which had passed on from edition to edition, but which would necessarily be removed when the work came under the revision of a thorough anatomist and teacher with the reputation of Mr. Pick. In the illustrations to this edition the nerves are coloured, as well as the arteries and veins, but the engravings do not equal in artistic merit many continental works, such as those of Henle and others. A few new drawings are introduced, and one or two which disfigured the preceding edition have been removed.

Manual for the Physiological Laboratory. By VINCENT D. HARRIS, M.D. Lond., F.R.C.P., Demonstrator of Physiology at St. Bartholomew's Hospital, &c.; and D'ARCY POWER, M.B. Oxon., F.R.C.S. Eng., Curator of the Museum, and late Assistant Demonstrator of Physiology at St. Bartholomew's Hospital, &c. Fourth Edition. London: Baillière, Tindall, and Cox. 1888.—This work is the outcome of the experience of the authors as teachers of practical physiology in our largest metropolitan school, and is a valuable text-book for histology, practical physiology, and physiological chemistry. The new edition is a great improvement on former ones, especially in the histological and chemical sections.

Pocket Chart for Bedside Case-taking.—Mr. Robert Simpson, L.R.C.P., L.R.C.S., has done good service to his brother practitioners in supplying them with a convenient and handy means of recording notes of cases seen in daily practice. Upon a small thin sheet of paper he has introduced a temperature chart (for four weeks), chest outlines, and columns for the record of the leading features of the case and its treatment. A specimen copy, fully filled in, of a case of typhus complicated with pneumonia, explains the method to be adopted; upon which our only comment need be that the reporter will have to study brevity in his notes. The sheets are contained in a suitable pocket-case, and a record book is supplied for the insertion of each sheet as filled in, an index being appended. The chart is published by Messrs. J. Wright and Co., Bristol.

Lette's Medical Ledger. London: Cassell and Co.—This book has been prepared to be used in connexion with Lette's Medical Diary, and is calculated to make very plain and simple all the bookkeeping required by the profession.

Diaries.—We have received copies of several of Messrs. Lette's Diaries for 1888. These productions are fully equal to those issued by this firm in previous years, their continuous Diaries being especially useful to members of the medical profession.

ROYAL COLLEGE OF PHYSICIANS.

AN extraordinary Comitia of the Royal College of Physicians was held on Monday, the 21st inst., Sir E. Sieveking, Vice-President, in the chair. The meeting was held in order to affix the College seal to the petition to the Privy Council, and was thinly attended. Before this formality was gone through Dr. Pye-Smith made a few remarks, in the course of which he pointed out that the powers sought by the Royal Colleges to grant degrees in medicine would scarcely satisfy the general desire of the profession for the title of "Dr." to be conferred on all qualified practitioners, and that the formation of a Medical Faculty only would not advance the cause of education to the required extent, which could only be accomplished by a combination of teaching and examining bodies in London, including the University of London. He believed the time would come when such a combination would be effected.

The Moxon Memorial Committee having expressed their intention of devoting the surplus of the fund (after defraying the cost of the erection of a memorial tablet in Guy's Hospital) to the foundation of a gold medal for clinical research to be awarded on the recommendation of the President and Council of the College every three years, it was resolved on the motion of Dr. Pavy, seconded by Dr. Handfield Jones, that the offer of the committee be accepted.

The Treasurer gave notice of his intention to propose the following resolution at the next meeting of the College: "That, in recognition of the protection afforded to this College by the police during the recent riotous proceedings in Trafalgar-square, and of the admirable discipline exhibited by that force under prolonged provocation, the College do vote the sum of twenty-five guineas as a contribution towards the funds of the Metropolitan Police Convalescent Home, or towards any project approved by the Chief Commissioner of Police."

THE BRITISH MEDICAL TEMPERANCE ASSOCIATION.

AT a meeting held at the Medical Society's rooms on Nov. 22nd, Dr. B. W. Richardson delivered an address, in which he replied to the recent statements of Sir W. Roberts in favour of alcohol. He pointed out that the one nation which had exhibited the most marvellous vitality for centuries—namely, the Jews—was distinguished for its sobriety. The Turks also, but for bad government, would be amongst the foremost; while, on the other hand, Spain, in which there was not a single temperance society, perhaps hardly an abstainer, had degenerated from its position as the leading nation of Europe. Centuries ago the conquering bands of Mahomet had carried all before them, and in the other waves of invasion which had passed over the world it was the more sober which had proved victorious. As to the death-rate, that of Norway and Sweden had markedly improved since the reform of the licensing laws a quarter of a century ago. Our own death-rate had diminished concurrently with the spread of total abstinence, though of course not entirely due to that cause. Russia had the highest death-rate of any European country, and consumed enormous quantities of alcohol. He also referred to Dr. Murray's lecture against regular habits as a revival of the exploded Brunonian theory, and said that such advice to men and women reclaimed from intemperance would be most disastrous.

A paper was also read by Dr. J. J. Ridge on "Alcohol—its Substitutes and Alternatives," in which he urged the desirability of not recommending alcohol if any other drug or measure would suffice, and expressed the opinion that if this were conscientiously followed out the profession would administer alcohol in ever-decreasing quantity. It was stated that the Association is the largest association of medical men, save one, in the United Kingdom, numbering 350 members and 75 associates (students); also that the news had been received of the total abolition of the rum ration in the British Army in India

THE LANCET.

LONDON: SATURDAY, NOVEMBER 26, 1887.

ALTHOUGH the subjects which the General Medical Council have under consideration during the present session are not calculated to command the same interest as those which related to the maintenance of the Societies of Apothecaries as licensing bodies, they none the less require considerable judgment and skill in their adjudication. The Council is, however, well constituted to perform its duties. The fact that it is presided over by Mr. JOHN MARSHALL is alone a guarantee that it will have due regard for the honour of the profession, and that every effort will be made to ensure that its labours will bear fruit; while the recent addition to its numbers of Sir GEORGE MACLEOD and of Dr. SAMUEL WILKS will give it fresh strength. The accession of Dr. WILKS at a moment when efforts are being made to increase the thoroughness of medical education is an event upon which the profession are to be congratulated.

The address of the President placed tersely before the Council the nature of the subjects which must engage their attention. Of these, perhaps the most important is the employment of unqualified assistants. The placing of patients under the sole charge of unqualified persons is we are told, becoming more largely condemned by the "representatives of the public sense of justice," and recent judicial decisions have rendered it impossible for claims to be enforced for payment for services of this character. This is so far satisfactory, but it is a tedious method of preventing a custom which all right-minded persons must disapprove. The committee to whom this subject was referred embodied in their report that it was worthy the attention of the Council that one excuse for the employment of unqualified assistants was the want of knowledge sometimes possessed by young qualified practitioners. Serious objection was taken to the incorporation in the report of this last paragraph, and eventually it was not adopted. The two subjects are not, indeed, related, and the decision we hold to be a proper one. If medical education is faulty it must be amended, but we cannot allow that any insufficiency in this respect need be entertained as affecting the employment of persons who have not submitted to the tests which the law requires in the interest of the public. Dr. WILKS undoubtedly showed much reason why the practical element in medical education should receive more serious attention. It is a standing reflection on the present system that many men pass through the schools without becoming conversant with maladies so common as measles and scarlet fever. Opportunities exist where maladies of this sort can be studied in public institutions, and it is the fault of the teachers if students can leave their schools without having made themselves acquainted with them. Perhaps the greatest reflection upon the teaching of the present time is the neglect to thoroughly study vaccination. Apart from the few visits which may be paid to a public vaccination station the operation is not thought of, and there is, we believe, hardly a reference made to the subject in a single lecture on medicine delivered during any session.

The Council have further engaged themselves with the question of registration of foreign degrees. Already more than two hundred applicants have sent in their claims for their degrees to be registered, and the committee to whom the subject has been referred have recommended that the Registrar be authorised to register the degrees from universities where examinations had been properly held. The report of this committee was postponed for further consideration.

The Society of Apothecaries have not shown themselves wanting in a desire to maintain the position of their body as an active participator in the granting of diplomas. They have now come before the Council with a request to grant a registrable diploma in Public Health, and have submitted a programme which, if faithfully adhered to, will enable them to take a prominent position in advancing the study of this subject. Compliance with their request has been postponed for the purpose of obtaining a legal opinion on the meaning of the Medical Act in this particular, but there is little doubt they will shortly be in the enjoyment of the right they desire.

The President has given to the Council an opportunity of performing a useful work in taking steps for the simplification of the methods of dealing with cases arising under the penal clauses of the Medical and Dentists Acts. There is much to be said for leaving to the various licensing bodies the duty of taking the first step for the removal of a name from the Register by the withdrawal of their licences in cases of infamous conduct in a professional respect. But the need for equality of procedure is evident, and the Council will have to overcome this difficulty before they can hesitate to take the initiative in proceedings necessary for the vindication of the honour of the profession.

The rearrangement of the work of the General Medical Council promises to make its labours more productive than heretofore. The Council have this session been summoned, as the President announced, for the discussion and settlement of certain specified subjects, particularly for the consideration of questions connected with the completion and rectification of the Registers. In the spring the Council will meet especially for the consideration of matters relating to education and examinations. By this arrangement the waste of time which formerly characterised its meetings, and which was frequently condemned in these columns, will be prevented. The experience Mr. MARSHALL has had as chairman of important committees has enabled him to decide on the manner in which the Council can most economically employ its time; and the system now adopted is well calculated to attain the end that is desired. If the Council should succeed, as they hope, in relieving themselves of the prolonged investigation into matters relating to "infamous conduct," they would be much more free to devote themselves to the many other important subjects which require settlement.

The placing of a marble bust of Sir GEORGE PAGET in the Council Chamber is a fitting tribute to this distinguished physician. As President of the Council, Sir GEORGE PAGET

had rendered services which well deserved to be remembered by those who had served with him.

AT the present time several circumstances combine to centre both professional and public attention upon those malignant diseases grouped under the heading of Cancer. Renewed efforts are being made to elucidate the nature of the disease, and the question of its contagiousness has been the subject of many letters recently published in our columns; and while the surgical treatment of cancer was never prosecuted with more zeal or a greater measure of success, the hope that some drug may be found which will have the power of arresting these malignant growths must receive a fresh impetus from the remarkable cases published by Prof. CLAY in our last week's issue. But more than all, the illness of the Crown Prince of Germany, which illustrates most of the salient points in the clinical history of cancer, is an object-lesson which the whole of Europe cannot fail to read. It illustrates the proneness of the disease to attack the robust and strong, its insidious onset, its stealthy progress, the enormous importance of a correct diagnosis in the early stages of the malady, the extreme gravity of the issues at stake in its proper treatment, and the unerring certainty of its result unless successfully dealt with in its earliest stage. All these are points long familiar to the profession and only too well known to many individuals among the public, but never before have they been demonstrated with such tragic effect as now. It is impossible to write of the Crown Prince's case, even in a medical journal, without a word of tribute to his heroic courage, often before tested in the fierce scenes of war, but never more nobly shown than in the calm and manly way in which he is facing a more relentless foe than can be encountered on the battle-field. When commenting on this case in the summer we could only write with reserve, for the uncertainty that prevailed, and the desire to entertain hope so long as it was at all possible, prevented a more emphatic criticism. Now, however, all doubt as to the nature of the affection has been removed, and we are in a position to speak more freely. Upon certain personal issues that have been raised in some quarters we do not intend to enter, for they are out of place in the presence of so far-reaching a calamity as that with which we are dealing. But we ought to refer to one view in which this matter has been presented for the sake of protesting against it. An attempt has been made to exalt Sir MORELL MACKENZIE'S intervention in the case into a national incident. Nothing is more incorrect. Surgery is too cosmopolitan to warrant such a conclusion under any circumstances, and Sir MORELL MACKENZIE was not called in to attend the Crown Prince in any way as a representative of British surgery. It was a purely personal matter; his opinion was sought on account of his great reputation as a laryngologist, his extended experience, and his acknowledged dexterity in all intra-laryngeal manipulations.

There is a danger lest the course of the Crown Prince's case should bring undeserved discredit upon intra-laryngeal surgery, and upon the value of the microscope in diagnosis. It is important to lay stress upon the fact that there is no evidence to lead to the opinion that the nature of the Crown Prince's disease has undergone any essential change. It is not as if some very chronic affection had suddenly assumed an active character. The rapid and continuous development of the case shows that it was cancer in the spring, and cancerous ever since its activity has been noticed. Were this not insisted upon, the case might be used as an illustration of the mischievous effects of intra-laryngeal operations in converting benign growths into malignant. The case also shows once again that the value of the microscope in diagnosis is of positive rather than of negative value. It can throw light upon the structure of what is submitted to it, but it cannot go further. The examination of a minute fragment of a growth may prove it beyond doubt to be cancerous, but, on the other hand, if it shows the absence of any distinctly cancerous elements in the part examined, this cannot be implied to hold equally true of other parts of the growth. When employed for clinical diagnosis the microscope may prove the presence of cancer, but it is alone insufficient to prove its absence. It is to be regretted that this fact was not sufficiently insisted upon by the distinguished pathologist to whom the portions of growth removed by Sir MORELL MACKENZIE were submitted. For while the profession fully realised that his reports were insufficient to rest a diagnosis upon, the laity were naturally led to attach greater weight to them.

The treatment of laryngeal cancer may be classed as either palliative or quasi-curative. The palliative treatment waits on symptoms, and its chief value lies in the performance of tracheotomy to provide a free passage of air to the lungs. It is this course which the Crown Prince has decided to follow, and we trust that it may be long before any active interference is called for in his case. The curative or quasi-curative treatment aims at entirely eradicating the disease at an early period, in the hope of permanently arresting the disease or of obtaining a long immunity from it. Its success depends upon the thoroughness with which not only the obvious morbid products, but a considerable area of apparently healthy tissue around them, can be excised. When once a cancer has developed, every week such an operation is postponed both adds to its gravity and lessens its prospect of utility. Moreover, the operation, even when reduced to its simplest proportions, is a very grave one, attended with considerable danger to life and with serious impairment of the voice. It is right to run these dangers when the prospect of success is good, but, as the progress of the disease both adds to the dangers and lessens the prospect of success, the time soon comes when the balance is turned and the operation is no longer admissible.

WE are reluctantly, but unavoidably, compelled to emphasize the arguments adduced in our last two issues against the inauguration of a systematic attempt to popularise the science and art of medicine; and still more unwilling are we obliged to recognise the need of giving very forcible expression to those views which we have already briefly laid before our readers as to the mistaken and mischievous policy of the members of our profession who have committed themselves to this extraordinary enterprise. It would seem unnecessary to contend, at greater length than we have already argued,

that the distinction between popularising the laws of health—which is not only possible, but highly expedient—and endeavouring or pretending to popularise the laws and practice of medicine—a task which every tyro in science well knows to be impracticable—is self-evident. If the knowledge of disease were a formulated and demonstrable science, and medicine a complementary applied science or art, so that each set of symptoms indicated the exhibition of a particular drug or method of treatment, anyone who either possessed a Concordance of Symptoms and Remedies for ready reference, or who could commit such classified lore to memory, might set up practice as a physician or undertake the duty of domestic management "in disease." But, as everyone who has only a superficial acquaintance with the subject is aware, the knowledge of disease, or of diseases, is not a formulated or demonstrable science, and still less have particular symptoms their cognisable remedies. So far from either of the above premisses being admissible, precisely the same symptoms, even similarly associated in groups, may be produced by totally different causes and bespeak diametrically opposite states of ill-health requiring absolutely antagonistic agents and modes of treatment; while, as regards the exhibition of particular drugs for particular symptoms, the choice between acid and alkali, between stimulant and depressant, between aperient and carminative, may make all the difference between life and death. To give only one illustration of this position which at the moment occurs to us: The diagnosis between some forms of colic and a sudden attack of peritonitis secondary to perforation of a gastric ulcer is one which may be extremely difficult for even a skilled practitioner to make, and the use of an even moderately powerful aperient which might be highly helpful in the one case would perhaps cause death within a few hours in the other. How is it possible to place the unskilled in a position to act with safety in an emergency like this? Yet such an illness is precisely the sort of emergency in which, with the temerity engendered by "a little knowledge," the practitioner of a popularised medicine would be sure to act. There is a popular belief that a special cherub sitting up aloft watches over poor Jack when he is drunk, and that the same or an equally benevolent providence protects children. We do not remember to have heard of any particular cherub told off to guide the wits of amateur practitioners of popularised medicine, albeit there will be sore need for the special intervention of such help if the poor children who are to be "managed in health and in disease' under the patronage and direction of the new propaganda are not saved from the peril that besets them by the honourable withdrawal of those members of our profession who have lent their names to the undertaking, and a candid avowal on their parts, either in our own columns or through some suitable medium, that they have been misled.

All endeavours to inspire the public with medical knowledge and power are false, and must fail. It is opposed to the spirit and tendency of modern enlightenment to entertain or encourage the belief that work so *difficult* and *dangerous* as the treatment of the sick can be done without knowledge and skill, the result of long and arduous study and training. It is startling to find that really thoughtful and well-informed men are connecting themselves with such a policy at the very moment when they are strenuously insisting on the need of technical education, and attributing the deficiencies of British industry to the lack of such training! If it be desirable that working men should be specially instructed because they cannot do the ordinary and simple work of their crafts without special training, how comes it to pass that sagacious and competent authorities are practically encouraging the public to believe that a few vague hints thrown together in a popular periodical can qualify them to deal with the incarnate mystery of organic animal life *in disease?* Do the propagators of this perilous heresy realise their grave responsibility? Has it occurred to them to estimate the magnitude of the mischief which may ensue if, in some case of serious but unidentified disease, not only is precious time wasted, but possibly a destructive method of treatment adopted by some person acting on the hints they cast broadly before the public without having the least control over the application which will be made of their suggestions? It is no answer to this appeal that the drugs prescribed are very simple, and the directions given exceedingly plain. How easy, even in plain cases, is it to blunder so that life may be allowed to slip away or death be actually induced? We protest against the procedure as an outrage on common sense, and as opposed to the whole principle of medical science and practice.

We have no sort of interest in thus writing. Those critics who twit us with advocating what is decried as a "professional" view of the question are very much at fault even as the matter lies from their own standpoint. Nothing could by any possibility tend more directly to "make work for the doctors" than that the unskilled should take to physicking themselves. Every man his own lawyer is a mine of wealth to the legal profession; every man his own physician and physician to his own family would speedily issue in an overwhelming demand for the services of skilled practitioners of medicine to repair the grave injuries inflicted by those who know neither the work nor the tools. It is on far higher ground than that of selfish interest we take our stand in discussing this question, and the only consideration of a professional nature that has weight with us is that which relates to the discredit and humiliation thrust on the profession by the fact that some of its best known and most trusted members stand committed to the task of attempting that which we and they both *know* to be impracticable in its completeness, and full of the gravest peril in its insufficiency. Unless the public can be placed on precisely the same footing of knowledge and competency with the professors of medicine, they cannot safely undertake their work—a work which to the most erudite and skilful amongst us is one of great responsibility and difficulty; and if it be possible to give the public even a *safe* minimum of knowledge by popular discourses about management in disease, then, of course, it is possible to make medicine an accessory branch of ordinary education, and the sooner it ceases to be regarded as the business of a profession the better.

DURING the autumn of this year there has been, and still is, considerably more scarlet fever in London than has been usual for the last few years. It is a matter for doubt,

however, whether there is sufficient to be dignified by the name of an epidemic, or whether the public would be aware of its existence were it not for the punctual appearance of the statistics of the Metropolitan Asylums Board in every morning paper.

During the months of August, September, and October somewhat less than 3000 patients, drawn from a population of 4,000,000, have been admitted into the hospitals of the Board, and it is probable that these contain at least one out of every five of the recognised scarlet fever cases now in London. If this estimate be not excessive, it would show that there have been during this autumn at most fifteen cases to every 4000 of the population. Now, at the last census it was seen that the increase of the population during the ten preceding years amounted to 14·36 per cent.; in other words, there were among every 1000 people 143 under the age of ten, or among 4000 people 572. It is probable that at least one child in every four has recognised scarlet fever under the age of ten; so that if fifty-seven children be born yearly in a population of 4000, we may expect that there will be on an average at least sixteen scarlet fever cases every autumn; whereas there are, as has been shown, probably not more than fifteen at present. These figures may be taken as approximately correct, and they show that, far from there being an epidemic of scarlet fever, there is at present less than may be expected in future. On referring to the reports of the Asylums Board it may be seen that the numbers yearly admitted into its hospitals show a gradual but steady increase, and also that while the numbers are increasing the death percentage is slowly diminishing; and, further, it may be seen from the report of the Registrar-General that the proportion of deaths from scarlet fever which occur in these hospitals is increasing, and has already reached nearly 40 per cent. In other words, these hospitals, originally intended for pauper patients, have inspired so much confidence, that practitioners and parents are sending their infected sick to them in such numbers as to give rise to the idea that there is at present a serious epidemic of fever "raging" in London. It is probable that in its clinical aspect the scarlet fever of this autumn does not differ greatly from that of any other autumn. The mortality may be taken to be 7 per cent., which is satisfactory, and it is probable that this average could be very much reduced if the poorer children were removed sooner from their dirty and unhealthy homes. Among eighty-three deaths at two of our largest hospitals, twenty-four occurred within two days of the patients' admission. In other words, these hopeless cases, most of them with sloughy throats, swollen neck, discharging nostrils, and much asthenia, were only kept alive for forty-eight hours by the free use of alcohol. Some form of kidney mischief is responsible for 12 per cent. of the deaths, but of course, if the so-called cases of "scarlatina maligna" which have been already mentioned were eliminated, this number would be greatly increased. It is exceedingly difficult to give statistics as to the vague term "albuminuria," for albumen in traces may at some time be nearly always found, but it may be said that it occurs in appreciable quantity and for a considerable time in from 15 to 20 per cent. of the cases, and among these it occurs mainly in those patients who are anæmic and have been formerly badly clothed and ill-nourished, and it frequently occurs in two or more members of the same family. As it is difficult to define albuminuria, so is it to say what is and what is not acute nephritis, but it will be found that from 5 to 7 per cent. of the cases have either high temperature, vomiting, hæmaturia, or dropsy, together with albuminuria, and of these a very considerable proportion are admitted already desquamating. Among these desquamating cases, such a large number are the subjects of renal disease that it would be interesting to know whether they are suffering from the neglect of due precaution, or whether they represent the 7 out of 100 cases of unrecognised scarlet fever daily spreading the disease. Convulsions have not been common in the nephritis of scarlet fever, and are not serious. Lung affections have occurred, either as complicating the nephritis or alone, in 16 out of 113 fatal cases, pneumonia being the more common form, and pleurisy rare. No case of empyema has been noted. In about 8 per cent. of cases acute laryngitis has been the cause of death, and in two of these membrane has been noted. It has occurred that a patient suffering from scarlet fever has lost a brother on whom tracheotomy was performed at a general hospital for what was diagnosed to be diphtheria. Scarlatinal rheumatism is another vague term, and one which does not lend itself to statistics. During this autumn a larger number of the patients than is usual have been adults, and of these about the ordinary proportion have had pains in the joints without any sign of endocarditis or pericarditis. Joint affections in the younger patients have, as is customary, been of rarer occurrence, but more serious in their nature. Throat complications have, perhaps, been rather more common than is usual, sloughing tonsils, cellulitis of the neck, and sloughing of the cervical tissues having occurred in about 12 per cent. of the fatal cases. As regards the duration of the disease during the present autumn, it will probably be found that accordingly as the fever is of a milder type, so will its duration be lessened; but it may be safely said that the average will not be under fifty-five days. It is customary to isolate the patient until the desquamation is entirely completed and there is no roughness of the heels or ankles. It is a popular belief that this will always have occurred by the end of the sixth week. The annexed table, taken from a memorandum made for another purpose, will, however, show the true facts of the case:—

Duration of Scarlet Fever.

Oct. 1st to Sept. 30th.	Cases.	Days.	Average.
1877–78	305	20·542	67·31
1878–79	376	26·666	70·92
1879–80	704	39·242	55·74
1880–81	413	30·727	74·39
1881–82	497	35·117	70·65

DR. PEKELHARING of Batavia, who, as has been mentioned (see THE LANCET, Sept. 24th. 1887), recently discovered and cultivated the micrococcus of beri-beri, is to be granted a considerable sum by the Dutch Government to maintain his bacteriological laboratory at Weltewrede, near Batavia, so that his important investigations may be continued.

Annotations.

"Ne quid nimis."

METROPOLITAN HOSPITAL SUNDAY FUND.

THE Right Honourable P. de Keyser, Lord Mayor, president and treasurer of this fund, has requested the attendance of the members of the Council at a meeting at the Mansion House on Monday next, the 28th inst., at 3 o'clock. The business of the meeting is to determine the report of the Council for the year 1887, and to order its publication; to revise the list of the Council for 1888; to order the convening of the next annual general meeting of constituents on Monday, Dec. 12th, at 3 o'clock; to consider what day of 1888 shall be recommended to the constituents for the sixteenth Hospital Sunday; and to transact general business. Again this never-ending and anxious work, the support of our large hospital system in this vast metropolis, is commencing to engross the attention of the members of the Council of the Fund. We earnestly hope that a large number of the Council will respond to the call of the Lord Mayor, who will take the chair for the first time as president of the Metropolitan Hospital Fund, although he has long been known as an active member of the Council. The Sunday Collection for 1888 must not be allowed to exhibit a falling off in comparison with the results of former years; on the contrary, it must be a yet further advance on the amount collected during the last two Hospital Sundays. Supposing it to be again ordered by the Council that a "Hospital Week" shall be arranged as in the last two years, in accordance with the suggestions of Dr. Wakley, the late Editor of this Journal, we propose to publish two or three detached Supplements, which, in addition to a reprint of all leading, special, and other articles on the Fund that may appear in the pages of THE LANCET between the present time and the date fixed for the collection in 1888, will contain shorthand reports of the speeches of the different noblemen and gentlemen who will attend these meetings, to advocate the interests of the London hospitals with reference to the coming Hospital Sunday collection. These Supplements will, as on a previous similar occasion, be distributed gratuitously to the clergy, staffs and governing authorities of the various metropolitan hospitals, and to all who are already interested, or who may be moved to interest themselves, in the prosperity of our metropolitan medical charities.

PROFESSOR KREMIANSKI'S ANILINE TREATMENT OF PHTHISIS.

PROFESSOR KREMIANSKI, who, it may be remembered (see THE LANCET, March 5th, 1887), proposed, at the Moscow Congress of Russian medical practitioners held at the beginning of the present year, to treat phthisis by means of aniline, and whose views were generally condemned at the time, has just published a long letter complaining bitterly that he has been misrepresented and misunderstood, and that the most influential medical journals in Russia have refused to admit papers by various observers which contained favourable reports of trials made of the treatment, while prominence has been persistently given to all unfavourable and unsuccessful cases. Again, it seems that the bactericide treatment by no means consists merely of aniline inhalations, but that many other substances are employed either in conjunction with aniline or without it. The detailed description of the treatment is set forth in Professor Kremianski's book, and apparently has not been at all accurately reported in any of the better known Russian journals. He is anxious to point out that some observations which have recently been published on the action of aniline in large doses on the lower animals do not really militate against his views, because he never proposed that more than very minute doses of aniline should be given. He is quite prepared to admit that his plan of treatment is as yet very imperfect, and that it requires much more elaboration; but he insists that his later experience only goes to confirm his belief in its value, and numbers of brother practitioners who have tried it fairly have obtained good results. He expresses his regret that he has as yet been unable to make arrangements for publishing his book in some language more accessible than Russian to the majority of foreign medical men, from many of whom he has, he says, received inquiries about his system.

THE REGISTRAR-GENERAL'S QUARTERLY RETURN (SCOTLAND).

MOST of those who are interested in vital statistics must at some time or other have felt more or less inconvenience from the absence of sufficient uniformity in the statistical returns issued by the three Registrars-General for England, Scotland, and Ireland. The weekly, quarterly, and annual reports for England and Ireland do, it is true, very closely correspond in most of the essential particulars, but between the reports issued from Edinburgh and those issued from London and Dublin, the amount of divergence, to say nothing of the dates of issue, is such as to place most serious obstacles in the way of a useful comparison of the vital statistics of Scotland with those of England and Ireland. The Quarterly Return for Scotland recently issued, and relating to the three months ending with September last, presents some of these features of nonconformity. More than fifteen years ago the Registrars-General of England and Wales changed the form of their Quarterly Returns, in order to show the number of deaths registered from each of the principal zymotic diseases, and other details of the deaths, in each registration sub-district. The Scotch Quarterly Return, however, now as then, only gives the numbers of births and of deaths registered, without any clue to the causation of the deaths, thus depriving the return of their most important feature as a measure of sanitary condition. Not content, moreover, with this omission from the general return, a paragraph in the introductory remarks invites the reader to make an erroneous assumption from the statistics of fatal diseases in the eight largest towns which are published in the return. Having stated that about 32 per cent. of the entire population of Scotland resides in those eight towns, the report adds: "it may therefore be assumed that diseases which are prevalent in them will be found to a similar extent in the surrounding districts." We feel bound to protest against the publication of such untrustworthy official assumptions at the public expense. There is, moreover, inconvenience in the custom that prevails in most of the Scotch reports of giving all rates of births, deaths, and marriages to population as percentages in the tables, and to quote them in the remarks as rates to 10,000 persons living, whereas in the English and Irish reports all these rates are quoted to a thousand living. In this protest against nonconformity in the vital statistics of the three parts of the United Kingdom, it is but fair to add that in two important respects the Scotch quarterly is more complete than the English or Irish returns. The Scotch return gives the numbers of marriages recorded in the same three months as are dealt with as regards births and deaths; whereas in the English and Irish returns this information is three months behind date in the quarterly returns. Surely some way should be found for bringing the marriages in the English and Irish returns up to date, as is done in the Scotch return. Again, the Scotch return distinguishes the illegitimate from the legitimate births, which is not done in the English and Irish quarterlies; we doubt, however,

whether this information is worth publishing in a quarterly return, as it naturally appears in the annual reports. The report before us shows that during the three months ending with September the birth-rate in Scotland was 30·4 per 1000 against 31·2 in England and Wales; and the death-rate was 16·8 in Scotland, against 17·6 in England. The rate in Scotland ranged from 18·4 in the principal towns (which was 2·0 below the rate in the largest English towns), to 17·3 in other town districts, 14·0 in the mainland rural districts, and 13·4 in the insular rural districts. In consequence of the deficiencies in the Scotch quarterly compared with the English and Irish returns, it is impossible to compare the rate of infant mortality or the causes of death in the several parts of the United Kingdom, or it could probably be shown that the excess of the death-rate in England last quarter, compared with that in Scotland, was mainly due to excess of infant mortality from summer diarrhœa. It is noted in the Scotch quarterly that 8·2 per cent. of the births registered in Scotland during last quarter were illegitimate, the proportion of illegitimacy ranging from 7·1 per cent. in the large towns and insular rural districts, to 10·0 per cent. in the mainland rural districts.

CAUSE AND EFFECT OF EXCESS OF FAT IN HUMAN MILK.

DR. ZALESKI of Dorpat publishes a case in the *Vrach* which bears out the well-known doctrine that a peasant wet-nurse should not be made to change her habits and her food for those customary among persons belonging to the wealthier classes of society. A baby four months old was brought to Dr. Zaléski with a history of diarrhœa and an emaciated appearance. The wet-nurse, a peasant woman, who had been accustomed to live on black bread, potatoes, and very small quantities of milk and cheese, with no alcoholic liquor, was suddenly promoted to a rich and highly nitrogenous diet, consisting of quantities of meat and eggs, with at least two bottles of beer a day. Samples of the milk were analysed. By Dr. Zaléski's advice her diet was changed so as more nearly to resemble that of her peasant home, the beer was stopped, and she was given some light manual labour to perform. At the end of a fortnight a great improvement had taken place. Her milk was again analysed. The mean results in the two cases showed that there was but little difference in most of the constituents. The lactose, however, had increased from 4·40 to 5·46 per cent., and the fat had decreased from 6·29 per cent. (which was the high figure denoting the proportion of fat in the first sample) to 3·97. Dr. Zaléski goes very fully into the literature of the subject, and gives analyses by many other observers. The conclusion to which he comes is that an excessively high percentage of fat in the milk, so far from being beneficial, is actually prejudicial to the health of the child; and that a highly nitrogenous diet tends to produce excess of fat, and, to a smaller extent, an excess in the saccharine matter in the milk.

BREATHING SPACES IN TOWNS.

AMONG the various projects the intention of which is to provide for the physical well-being of our population, there can be none of greater interest or importance than that which is concerned with the purity of our surrounding atmosphere. There are movements on foot for the better distribution of the pressure of work, for the suitable housing of the poor, for the supply and regulation of food in accordance with physiological necessity, and a variety of other useful purposes. None of these, however, can claim a higher title to consideration than the question which has to do with the feeding of the blood by respiration. Upon the efficiency of this process all else in the way of vital function must, of course, depend, and the question accordingly becomes a most pressing one where, as in great cities, breathing air is as far from purity as the simultaneous demands of countless overcrowded human beings and of coal-fed fires can make it. We cannot, in the face of this fact, pretend that the conditions of town life do not affect more or less injuriously the physical state of the inhabitants. Women and children suffer to a large, men to a relatively less, extent; but the fact of impaired health chiefly attributable to this cause is in numerous instances proved by the evidence of diagnostic signs. The tendency of an in-coming rustic population to frequent already congested urban districts cannot soon or easily be restrained. It will apparently continue with practically no limit for an indefinite time, and it behoves us therefore to do our best to provide in towns, and in all parts of them, that ready access to pure air which is so essential. For children especially, as being the embodied promise of coming generations, and as requiring almost more fresh breathing air than adults, it is most desirable to secure this boon. Fortunately, much has been done in this direction already. Among other agencies, the Association formed for the purpose of opening up vacant spaces in the metropolis for public recreation maintains an increasing activity in its useful work. Its labours are from time to time commended to public notice by the voice and pen of its energetic president, and we cannot but add to his utterances the statement of our hearty approval and support alike on grounds of rational theory and practical observation.

THE NORWICH INFECTIOUS HOSPITAL.

THE action of certain authorities with regard to the isolation of infectious diseases is bringing considerable discredit upon our system of health administration. The latest case in point has occurred at Norwich. In 1872 the Corporation acquired, to a large extent by gift, an iron infectious hospital, which now belongs to and is maintained by the town; in short, it is a hospital which, according to the Public Health Act, 1875, has been provided "for the use of the inhabitants." Two cases of scarlet fever having occurred in Norwich, the vicar of St. Peter, Mancroft, endeavours to get them removed to this place, which is professedly kept up by the rates for the prevention of the spread of infection. He is first bandied about from medical officer of health to inspector of nuisances, and thence to a chief clerk; and after on one occasion having wandered about for four hours, all he can do is to enter into an undertaking to be responsible for all payments on behalf of food, light, and firing, and subsequently he is further asked to promise that he will pay a guinea a week for a nurse. Having thus willingly consented to be fined a substantial sum in the interests of the public, he awaits the removal of the patients, but this was never effected; one died and the other has reached a state of convalescence in the place where they were both originally attacked. We are aware of the fact that the Public Health Act says the Town Council may demand payment for maintaining such patients in hospital; but how any sensible authority can prefer getting hold of a few odd guineas to securing the removal of the infectious sick from amongst the population, who have the right to look to them for protection against infection, passes our understanding. They might as well refuse to send the fire engine to put out a fire at a poor man's house until someone undertook to pay them for the hire of the horses and the cost of the water that would be consumed. According to the vicar's statement, the inspector of nuisances told him that poor people were not welcome at the hospital. That is to say, the very class who are most unable to deal efficiently with infection in their houses are the ones whom the authority desire to leave in

the midst of the community. It is the obvious duty of a sanitary authority to receive into such hospital as has been provided "for the use of the inhabitants of their district' those inhabitants needing isolation, so long as suitable accommodation exists for them; and if the town is so circumstanced that it needs in its infectious hospital means for classifying patients according to their social status, as well as according to disease, this should be provided. But to refuse cases because there are only twenty-five beds, whereas ninety would be needed if all cases were to be received, is to admit that there has been a failure on the part of the authorities to do its duty to the community who elect them to their office. And yet we learn that this is one of the excuses put forth. The Norwich infectious hospital has for a long series of years not been successful as regards the prevention of the infectious fevers of the district; and the inhabitants must themselves determine whether it is so to remain. In connexion with the questions raised in this case we would refer to that of the Leeds Corporation Hospital, mentioned elsewhere.

EXOPHTHALMIC GOITRE.

WE may look to rare morbid associations of ill-understood diseases for some elucidation of their pathology. Considerable hypertrophy of the tonsils has been observed in association with hypertrophy of the thyroid, and such a connexion suggests many ideas which it can do no harm to entertain, but by which we must not set too much store. Sometimes considerable mental disturbance may accompany other symptoms of exophthalmic goitre. The insane state has occasionally been of that description met with frequently in general paralysis—the expansive and grand sort. Why the right lobe of the thyroid and the right-sided proptosis should be greater than the left, supposing the observation to be true, may be dependent on other causes than a sympathetic nervous association. Though ophthalmic goitre is most frequent between the advent of puberty and the full development of womanhood, yet children and aged persons may present all its signs. Benedikt places the essential lesion in the medulla oblongata, Eichorst in the grand sympathetic, and Filehne in the restiform body, whilst Charcot considers it as a general neurosis allied to hysteria, and other authors believe it to be specially related to chlorosis or anæmia.

FEVER IN LONDON.

SCARLET fever was last week rapidly diminishing in London, the numbers admitted during the week ending Nov. 18th being 174, or 54 less than in the preceding week. During the present week there has been some increase in the number of persons attacked with this disease, the epidemic behaving as we ventured to predict that it would, and showing a general decline, with a temporary increase during this month. It will probably not be many days before the cases again diminish, and during December the decline should be strongly marked. We note that in the report of the last meeting of the Metropolitan Asylums Board on Saturday last, it was proposed to make a considerable increase in the hospital accommodation for cases of scarlet fever. We believe that this provision will not be required, and that after the next few days the discharges will so far outnumber the admissions to the hospitals that any overcrowding which at present exists will cease. Of other diseases under treatment in the Managers' hospitals, enteric fever contributed fourteen cases and small-pox seven during last week. The Metropolitan Asylums Board have received from the Local Government Board a letter stating that the Board cannot comply with the Managers' application for authority to remove to their hospitals all persons suffering from fever or small-pox whose removal shall be applied for by duly qualified medical practitioners, as they are of opinion that they are not empowered to issue such an order; but they have reminded the Managers that the medical superintendents are empowered to retain persons presenting themselves for admission whose condition is such that it would be dangerous to refuse them admission. It is unfortunate that the law does not permit a larger discretion to the Local Government Board, for there can be no question as to the desirability of the course the Managers suggested. The Metropolitan Asylums Board have also had under consideration a letter from the Society of Medical Officers of Health, urging them to address a request to the Local Government Board for a Bill to be brought in for the compulsory notification of infectious disease. This step has now been taken by the Managers.

THE MEDICAL WITNESS AND THE JUDGE.

AT the late Nottinghamshire Assizes, before Mr. Baron Huddlestone, John Webster, a collier, was indicted for having caused grievous bodily harm to Frank Holmes, at Worksop, on Aug. 8th. The prisoner was convicted, and sentenced to eighteen months' hard labour. From the reported evidence, it appears that during an altercation between the prisoner and the man Holmes, the latter was kicked, and had both bones of the leg broken just above the ankle. Dr. Hogg, who attended Holmes, testified that in his opinion the leg was broken by a fall, and not directly by the kick. We are inclined to believe that this view of the case is correct, because there was no bruise or abrasion of the skin over the seat of fracture, which we certainly think would have been the case had the alleged blow broken the tibia and fibula. Dr. Hogg was severely taken to task by the learned judge, who accused him of coming to the Court with his mind occupied with preconceived judgment, and in consequence of this the Doctor's expenses were disallowed. Mr. Baron Huddlestone may be learned in common law, but, if we are correctly informed, he talked uncommon nonsense upon the subject of surgical injuries. Webster kicked at Holmes; the latter's leg was afterwards found to be broken; therefore, says Baron Huddlestone, the kick caused the fracture. Legally, of course, the accused was responsible for the injury inflicted. We have no desire to extenuate Webster's offence, and it may be that he received a righteous punishment. At the same time we cannot forget that the learned judge, in passing sentence, was apparently largely influenced by his opinion that the savagery of Holmes was to be measured by the fracture apart from a common-sense surgical view of the proximate cause. The aspersion on Dr. Hogg's professional reputation is of far greater moment to him than the loss of the paltry fee that the Court disallowed.

A NEW ARTIFICIAL ALKALOID.

CHEMICAL synthesis has constructed a new alkaloid with the name of oxy-propyl-endi-iso-amylamine. It is produced by the action of the hydrochloride of propyl upon di-iso-amylamine and forms an oily colourless liquid, soluble in alcohol, ether, and fatty bodies, but very little in water. The salts are very soluble. The physiological and therapeutic properties of this body have been investigated by E. Louïse. The toxic dose for a dog is two decigrammes; and for a man weighing 65 kilogrammes, 13 grammes. On the nervous system it acts something like atropine, but its chief feature consists in the production of epileptic seizures of two kinds. In moderate doses this alkaloid may be considered as a powerful cardiac tonic and an energetic stimulant of the circulation and cerebro-spinal centres. In its action on the heart it approaches atropine, paralysing the inhibitory apparatus and heightening the action of the accelerating nerves. It does not influence the cardiac muscle fibre or the intra-cardiac nervous system. Probably it excites the

medullary moderating centres of the heart. The cortical representations of the vagus centres are also acted upon, and it may be that this double action accounts for the remarkable augmentation of the intra-vascular pressure and the marked elevation of the temperature of the body in cases of acute intoxication.

THE TEMPERATURE OF THE NEWLY BORN.

So great a change in the mode of life as happens when the fœtus is detached from the mother might reasonably be expected to be accompanied by some variations of the temperature of the body. Authors have made some observations on this subject, but more are wanting before we can arrive at the truth. The conclusions of Eröss are worthy of attention, for they appear to be the result of careful observation. The temperature, always taken in the rectum, attains its highest degree at the time of birth, generally 37·6° C.=99·3° F.; in the course of one or two hours it sinks to its lowest degree, the average being 35·67° C.=96·2° F. Two days after birth it attains its first maximum, which is less than the birth maximum by ·3° C. The fourth or fifth day witnesses the second minimum, which is less than the first by 1·2° C. The temperature rises again on the sixth day after birth, and reaches its second maximum—1° less than the first—by the eighth day. The curve drawn to represent graphically these fluctuations of the corporeal temperature is interesting to study in the light of the nutritional processes. The first fall is clearly due to the excessive discharge of heat not being properly compensated by the production of heat; the subsequent rise must be regarded as the expression of a physiological reaction from the first fall. That the new-born do react to such conditions was proved experimentally by placing infants in cool baths and subsequently observing the effects on the temperature. Besides these variations, which may be regarded as physiological and dependent on changes in alimentation and rapidity of nutrition, pathological disturbances of the temperature of the body may be noted as the result of suppuration about the umbilicus, intercurrent intestinal catarrh, and the like. Greater fluctuations are observed in proportion to the feebleness of the infant. In opposition to Bärensprung and Förster, Eröss finds that the normal diurnal variation reaches its highest point in the morning at from 6 to 7 A.M., and its lowest point at midday from 12 to 1 P.M. The evening temperature between 6 and 7, and the night temperature between 12 and 1 A.M., are found to give a mean, and not to be maximum and minimum respectively. These latter conclusions certainly require to be investigated afresh.

INJURIES TO THE POLICE DURING THE RECENT DISTURBANCES.

WE have been favoured by the Chief Surgeon of the Metropolitan Police with a short summary of the injuries received by members of the force who were on duty in or near Trafalgar-square on Sunday, Nov. 13th, during the disturbances. In many instances it was not possible for the men to say what kind of weapon was used, but some of those recognised may be mentioned, such as life preservers, a piece of gas pipe, an iron bar, sticks, stones, and kicks from heavy boots. One was stabbed by an oyster-knife, and more than one knocked down and trampled upon. Altogether about 73 are known to have been injured. Injuries of the head, scalp wounds, and contusions 20, injuries of the face 3, head and face 7, neck 2, chin 2, eye 5, shoulder 1, elbow 1, head and hand 1, hand 1, abdomen 2, abdomen and chest 1, thigh (fall of horse) 1, leg 9, knee 4, foot, knee, and back 1, general contusions 4; wounds of eye 1, lips 1, finger (bitten) 1, shoulder (punctured) 1, knee 1; sprains of wrist 1, fingers 5; fracture of nasal bones 1; dislocation of forearm 1; slight concussion 1. Several of these injuries were attended to on the spot, others were treated at the nearest hospital, and others by the divisional surgeons. There was no instance of bullet wound.

THE CONVERSION OF BENIGN GROWTHS OF THE LARYNX INTO MALIGNANT.

AT the recent Congress of German Naturalists and Physicians Professor Schnitzler read a paper upon the subject of the Malignant Degeneration of Benign Growths in the Larynx. He first described a case of epithelial carcinoma with secondary growths in the lymphatic glands and pleura, in a patient who some months previously had been operated on for papillomata, the recurrence of which had been treated by cauterisation. The patient subsequently came under Professor Schnitzler's care with symptoms of perichondritis, but the carcinomatous nature of the disease was recognised, and the supervention of pleurisy some weeks later was considered to be due to a diffusion of the malignant disease. This diagnosis was confirmed after death, when, besides the laryngeal and pleural carcinoma, there were found necrosis of the thyroid cartilage and gangrene of the right lung. Professor Schnitzler remarked upon the rarity with which benign tumours take on malignant characters, he having seen such conversion only three times among hundreds of cases of laryngeal papillomata. He left undetermined the question whether the operations and frequent cauterisations induced the malignant disease, and said that endo-laryngeal operations upon papillomata should be discountenanced on this ground. He also spoke of the difficulty in the differential diagnosis between benign and malignant growths, as well as between laryngeal syphilis and carcinoma. Dr. Morelli related the case of a man whose larynx was so blocked by papillomatous growths as to necessitate tracheotomy prior to a thyrotomy, with complete ablation of the new growth and galvano-cauterisation of the laryngeal wound. The patient left apparently cured, but wearing the tube. After the lapse of a year he returned with evident carcinomatous degeneration of the papilloma, which filled the larynx to the level of the tube, which was partially displaced and blocked by it. This was the only case of the kind that Dr. Morelli could recall within a period of nearly ten years. Dr. Seifert referred to a case published by Böhmer, where papillomata (histologically examined) had been treated by Professor Gerhardt and himself for a year, but which passed into carcinoma, for which extirpation of the larynx was practised; but the patient did not long survive the operation.

UNOFFICIAL PHARMACOPŒIAS.

IT is always satisfactory to the regular practitioner when he can confine the choice of his remedies within the bounds of the British Pharmacopœia. But it must be allowed that many medicines have achieved a decided and meritorious reputation before they reach a place in that honoured but somewhat slow volume. Indeed their appearance in it is the recognition of a reputation already made. Nay, more, it is desirable that new medicines should be well tried before they are admitted into the Pharmacopœia. During this stage of their history it is very important that the profession should have some knowledge of the best way of using them, and of the preparations in which they may be more safely pleasantly, and advantageously administered. Let us take, for example, the case of the drug strophanthus, the action and uses of which have been so brilliantly and laboriously studied by Professor Fraser over a period of fifteen years. Professor Fraser brought his investigations to a most practical issue two or three years ago, and enriched thera-

peutics with a new and powerful remedy, but not in time to secure recognition in the Pharmacopœia of 1885. Many practitioners are using strophanthus, or thinking of using it. But they will look in vain for any notice of it, or of any preparation of it in the official list of drugs and preparations. A list of drugs and preparations that, though new and unofficial, are still to a certain extent wanted by the profession, is a real desideratum, for meeting which we must look largely to practical and scientific pharmacists. In 1886, at the British Pharmaceutical Conference, a committee of its members was appointed to prepare a formulary of unofficial remedies. As we announced in our issue of Sept. 10th, it has now produced such a formulary, published by Messrs. Churchill, containing thirty-seven formulæ for the preparation of new drugs or old drugs in new forms. The Medical Council has given power to a committee to do similar work. But it will necessarily move more slowly and view the matter from a somewhat different standpoint.

TEMPERANCE ON SEA AND LAND.

THE virtual suppression of floating grog-shops by common consent of the Powers bordering on the North Sea is a step which must give rise to very general satisfaction. The evils connected with their use and the need of reform had come to be widely recognised before the work of eradication was taken in hand. We may therefore feel assured that the action of the covenanting Powers in this matter will be justified by its results. On land, the advantages of sobriety are everywhere apparent. At sea, the necessity for its observance is at least doubled, as far as concerns the individual immediately affected. There danger is not only common, but is apt to be as various and as sudden in its appearances as the movements of the shifting elements from which it arises. A drinking seaman, if he passes the vague limit of moderation, is in such a case but little better than the waterlogged and derelict vessel, and has become an actual peril to those who sail with him. Any who may be disposed to complain of the new regulations, as affording an instance of illiberal and grandmotherly legislation, must take into account this latter aspect of the question. The interest of the temperate and the desires of the intemperate are here, by the special conditions existing, brought from time to time into inseparable, and it may be fatal, opposition. Hence, in part at least, arises the need of interference by third parties. Another point must not be forgotten. Adulteration is, we cannot doubt, regarded with equal favour by unscrupulous publicans afloat and by men of the same type and calling on shore. There is, however, this practical difference between the two cases: a fairly efficient supervision can without much difficulty be exercised over the defaulting landsman; at sea there must be, to say the least, considerable facility for evasion under any system of inspection. The abolition of the floating public-house will probably prevent much "bad stuff" from reaching the fishermen of the North Sea. With regard to the liquor trade in the coast fisheries, each of the contracting Powers will exercise a separate jurisdiction. Restrictions conceived in the same spirit as those already agreed to will no doubt be imposed, the traffic in this case, with its attendant evils, being but the slightly modified counterpart of that which has till now been carried on at a greater distance from land. The uselessness of this traffic to any but the publican is apparent when we reflect that stimulants amply sufficient for all possible requirements can be taken on board a smack before she leaves for the fishing-station. As an example of an effort in the same direction as that we have been discussing, we may mention our own Truck Amendment Act. The clauses of that measure which deal with the payment of wages to farm labourers expressly provide that payment for work shall in no place take the form of an offer of intoxicating drink. It is to be regretted that hitherto custom has in many cases proved stronger than the law; but it is also satisfactory to note that there is an increasing disposition on the part of both farmers and labourers to carry out the provisions of the Act in this important particular. We are also reminded, in a letter by Mr. John Abbey, that the Royal Agricultural Society in 1884 pronounced very decisively against the drink payment, and asserted that labour should be paid in money only. There is, as might have been expected, substantial evidence to show that work is better done when intoxicants are left out of the daily provision than when they are consumed. Workmen on farms have in very many instances shown a prudent consciousness of this fact by adopting, in place of alcoholic drinks, the simplest and cheapest non-intoxicating beverages.

THE ORIGIN OF THE SUPERIOR FACIAL NERVE.

IT is well known that in cases of hæmorrhage and softening of the brain the resulting facial paralysis respects nearly always the orbicularis palpebrarum innervated by the superior part of the facial nerve. In bulbar paralysis a similar exemption of these muscles is also observed. M. Mendel has addressed himself to the study of this subject, and gives the following facts experimentally ascertained. Extirpation of the muscles innervated by the inferior facial nerve, if accomplished on new-born animals, always causes an atrophy of the nucleus of origin of the facial nerve. Extirpation, in a young rabbit and two young guinea-pigs, of the muscles of the eyelids and forehead gave the following result at the end of three months in the rabbit and ten months in the guinea-pigs. The ocular bulb was found to be intact, and so were the trunk and nucleus of the facial nerve. On the other hand, the three brains presented an atrophy of the posterior part of the nucleus of the oculo-motor nerve. The atrophy was not only manifested in the dimensions, but also in the number, of the nerve cells. These experiments seem to prove that in the rabbit and guinea-pig the superior facial nerve has its origin in the nucleus of the third nerve. Is it possibly the same in man? In one case of ophthalmoplegia of central origin the muscles to the eyelids were also paralysed. At present the course of the fibres is not known in these animals, but Mendel thinks they traverse the posterior longitudinal system. The different origin of the bundles of the facial nerve is not surprising, for a similar occurrence takes place in other peripheral nerves.

SANITARY DEFAULT AT FULBOURN.

THE Rector of Fulbourn, near Cambridge, and within the district of the Chesterton rural district, has a sorry tale to tell of disease and maladministration. For five years enteric fever has off and on been prevalent in the village, and for the same period the medical officer of health has persistently but ineffectually urged improvements in dealing with the sewage of the place. In 1883 Mr. Spear of the Local Government Board visited the village and suggested immediate remedies; and in 1886 his colleague, Dr. Airy, went down, but his report, like previous ones, "was, in its turn, shunted." From August to December thirty-eight attacks with nine deaths occurred, and the authority were urged to do something beyond the adoption of mere palliative measures. But notwithstanding all this, fever is still in the place, and it is stated that things must remain so until the causes leading to its production and spread are removed. We have no definite information as to the sort of action that has been taken at Fulbourn; but it seems quite evident that the sanitary authority have not done their duty in the removal of obvious causes of disease and death, and that the inhabitants of the place have a right to demand such permanent remedies as shall prevent a recurrence of further fever spread amongst them so far as this

is preventable. This is probably one of the cases in which it becomes a plain duty on the part of some who are strong enough to bear the burden of such action to make definite and formal complaint to the Local Government Board, under Section 299 of the Public Health Act, that the authority have made default. Without that, it seems that the central authority can do no more than they have done, but with a formal complaint before them they have very wide powers of compulsion, and there are many cases in which those who set these powers in motion deserve the highest thanks of the community which they thus serve.

SMALL SOCIAL VICES.

A CORRESPONDENT very sensibly directs attention to the influence exercised by some of the niceties of modern life upon the physical condition of young women at the present day. Without adverting to such grave excesses as the free use of alcohol and of toxic remedies, he instances incessant tea-drinking, sipping eau-de-cologne, and addiction to sensational novel-reading as examples of the prevailing spirit of self-indulgence. There is considerable force in his observation that we may be disappointed in the result if girls, who have in these and similar matters been allowed to regard their wish as their ideal, should at any time have to assume the responsibilities of motherhood. The practices to which he refers are, happily, counteracted in many cases by a native strength of mind and body, or by other habits of a more wholesome character. Still, it must be allowed that they are not in themselves conducive, but rather injurious, to health. They are part of a general tendency to luxurious living, which is not peculiar to one people, century, or sex, and to which we, as a prosperous commercial nation, have too readily become subject. The means of correction are not to be found in Pharmacopœias or in regulations as to the safest methods of indulging the petty cravings of selfish desire. The real remedy will be found in a return to simpler or less artificial usages, and in the increasing recognition of the value of some guiding purpose even in the leisure and the diversions of our lives. A general understanding of sanitary principles would also assuredly do much to assist the formation of a just estimate by the general public of what is and what is not calculated to favour the healthy growth of mind and body. These principles are now happily becoming better and more widely appreciated than formerly. The evils associated with such vices of civilisation as the social customs we have referred to stand, therefore, a fair chance of great limitation, if not of extirpation, when the verdict of common sense thus instructed will have been pronounced upon them.

CHOLERA ON BOARD THE STEAM-SHIP "GOVERNOR."

ON November 11th the steam-ship *Governor* entered the river off Liverpool, having had cholera on board. One man sickened on October 2nd, two days after leaving Calcutta, and died on October 4th; a second man sickened just after, and he rallied, but he ultimately died on October 12th. There were also several cases of diarrhœa on board, but there having been no sickness for three weeks before reaching Liverpool, Dr. Stopford Taylor allowed the vessel to go into dock. The most interesting feature of the story is the fact that the vessel was allowed to pass the Suez Canal "under strict quarantine," and this apparently at a time when she was not free from choleraic sickness. This action, which has now several times been repeated, seems to foreshadow the abandonment of the vexatious and dangerous system of ordering suspected and infected ships to return to Tor, and there to discharge their crews and passengers at an unhealthy lazaret in the Arabian desert.

IMPORTANT DECISION AS TO THE ISOLATION OF INFECTIOUS PAUPERS.

A VERY important question relating to the isolation of the infectious fevers has been raised at Leeds. The sanitary committee of the Town Council claimed the right, if they received paupers into their hospital, to charge the guardians with their maintenance. The guardians of the several unions concerned refused to make the necessary payment, and yet insisted on sending cases into a hospital which had been provided for all inhabitants of the district; they also sought the opinion of the Solicitor-General, who stated that they were right in their contention. The Town Council, having this legal opinion before them, met on the 15th inst., and they now declare that they are not prepared to accept it as sound, but they have written to the guardians to say that without prejudice to the general question, they have decided to receive for a period of one year such pauper patients as may be *bonâ-fide* inhabitants of the borough, after which date they will reconsider their action. They further state that, in adopting this course, they in no way acquiesce in the contention of the guardians, and that they have been actuated by a desire, if possible, to avoid costly litigation. It is much to be regretted that so important a matter should be left in so undecided a state; for if all Poor-law guardians have a right to send into hospitals provided by sanitary authorities such pauper cases of infectious disease as they see fit, it seems obvious that the right to refuse admission on the ground of social status is at an end, and the question of the nature and extent of the hospital provision to be supplied by sanitary authorities will have to be dealt with in a very different way from that hitherto adopted.

ATHETOSIS.

DR. ALFREDO RUBINO of Naples discusses, in some thoughtful articles in the *Riforma Medica*, two cases of athetosis which have come under his care. Both followed hemiplegia due to embolism, and one of the two was associated with multiple paramyoclonus (a muscular spasm differing but little from chorea). The fact of the athetosis and the paramyoclonus coexisting appears to point to a common origin of the two affections, which may be, as Dr. Gowers has suggested, in post-hemiplegic spasm generally, a peculiar condition of molecular instability of the grey substance of the brain, which, however, is not recognisable with the means at present at our command. The lesion which causes athetosis may, Dr. Rubino thinks, be situated at any point of the cerebral motor elements; but it is usually in the psychomotor centres of the cortex, in the inner capsule or in the optic thalamus. He does not view athetosis, generally speaking, as forming a pathological entity in itself, but considers it, like hemichorea, which is only another variety of post-hemiplegic spasm, as a mere development of a preceding affection—hæmorrhage, embolism, inflammation, atrophy, &c. Nevertheless, he is prepared to admit that some cases may be true essential neuroses, especially as it is sometimes double; and this may, perhaps, bear the same relation to the more usual single form that chorea does to hemichorea.

INQUEST EXTRAORDINARY.

AN inquest was held before Mr. W. E. Baxter on November 19th touching the death of Anne Gieser, aged thirty-three. The deceased, whilst under the influence of drink, was struggling with her husband, when she fell backwards to the ground. The husband alleged that owing to the fall a hairpin was driven into her head to the depth of five inches. A medical witness deposed that he could find no trace of a puncture, and that in his opinion death was due to syncope. We can quite under-

stand all this; but we were not prepared for the coroner's statement that the medical men were unable to discover the aperture of entry of the bullet fired into Mr. Gold's body by the murderer Lefroy. It is true a bullet wound may close up, as it were, and not be recognised on casual observation; but surely a careful examination could not fail to detect the lesion, nor is it probable that the channel made by the passage of a hair-pin into the flesh would escape discovery. The report of the inquest reads something like a romance. It was consistent, however, in this, that the verdict returned by the jury agreed with the narrative of Lefroy's case made by the coroner. It ran thus: "Death from failure of the heart's action, accelerated by the prick of a pin."

SIR WILLIAM GULL.

WE learn that Sir William Gull left Pitlochry for his residence in London on Wednesday at 2 P.M., arriving in Brook-street at 5 A.M. on Thursday morning. Sir William, we are glad to announce, made a most satisfactory journey. His general health is good, and improvement in the special symptoms is maintained. The London and North-Western Railway Company sent a special carriage for Sir William's accommodation, and made every arrangement in their power for his comfort and convenience during the long journey from the north.

THE INTESTINAL ORIGIN OF CHLOROSIS.

AN interesting contribution by M. Duclos has been made to the *Revue Générale* (No. 37) on this subject. He considers that chlorosis is eminently a result of auto-infection, a true poisoning resulting from the retention and putrid decomposition of fecal matters in the intestine. As a rule chlorosis is preceded by and associated with constipation, but this rule is not without exception. Sometimes the poisoning takes place rapidly; the putrid decomposition may be active or the intestinal absorption may be more or less complete; and in harmony with these differences the varieties of chlorosis may be observed; even fever and endocarditis may arise as a result of such auto-infection. Everyone admits the importance of overcoming intestinal inactivity in these cases, even though they do not feel disposed to accept M. Duclos' theories.

HARVEIAN SOCIETY.

A COURSE of three lectures on Lupus, by Mr. Hutchinson, will be commenced at the rooms of the Harveian Society on Thursday next. We are informed that these lectures will concern general pathological problems as to the real nature of many maladies cognate with the more typical forms of lupus, more especially in their relations with tuberculosis and scrofula, and that they will not be addressed specially to dermatologists. The Society meets at Stafford Rooms, Tichborne-street, Edgware-road, at 8.30.

ŒDEMA NEONATORUM.

ŒDEMA NEONATORUM, though closely associated with sclerema of the newly born, also presents considerable analogy with phlegmasia alba dolens according to M. Léon Dumas, who perceives the analogy not only in symptoms, but also in etiology and pathological anatomy. Nevertheless, thrombosis of veins had not hitherto been described in cases of œdema neonatorum. M. Dumas of Montpellier has discovered a thrombus in both femoral veins in a fatal case of this affection. Whilst awaiting fresh observations to confirm this view, M. Dumas speculates on the possibility of spontaneous venous thrombosis occurring in the cachectic condition common in many new-born infants, in whom respiration and circulation are not easily established in full perfection.

H.I.H. THE CROWN PRINCE OF GERMANY.

WE are authoritatively informed that Sir Morell Mackenzie has received a highly satisfactory report from Dr. Krause. The lumen of the larynx is practically entirely free, and the general health could not be better.

DIPHTHERIA AT SHIRLEY.

THE difficulty which we indicated of proving a connexion between diphtheria at Shirley and the nuisance from the sewer ventilators is well shown by the contradictory statements that have appeared in the public press. But, on the whole, it seems clear that there is an offensiveness connected with the sewers that ought not to exist, and the most recent explanation of it is the abnormally high temperature which the sewer contents exhibit, owing to the discharge into the culverts of boiling water from a brewery. It is a great pity that the report of the Government inspector is not asked for by the complainants. Its perusal might clear up some of the difficulties connected with the case.

EPIDEMIC OF LEAD-POISONING DUE TO FLOUR.

IN the month of June, 1887, more than 100 individuals of all ages, inhabiting the villages of Villemontois, St. Maurice, and Lentigny, presented simultaneously a peculiar series of symptoms which proved to be due to lead poisoning. The case has been investigated by MM. Bertrand and Ogier, who came to the following conclusions:—That leaden vessels employed in transferring meal may be a cause of serious lead poisoning. That the lead enters the system in the form of sulphide. The sulphur must have been derived from fissures in the grindstones which had been obliterated by the use of sulphur.

SMALL-POX IN THE PERTH INFIRMARY.

DR. LITTLEJOHN sees no harm in the directors of the Perth Infirmary retaining in their institution such cases of small-pox as arise in it; and apparently the separate pavilion will in future be used for such purposes. As we have said before, other similar institutions have not, even with detached pavilions and isolation buildings, felt this to be a safe course; but so long as the inmates of the Perth Infirmary are well enough, and are willing, to be revaccinated on such occasions, danger is of course practically removed. But such favourable circumstances may not always be experienced.

FOREIGN UNIVERSITY INTELLIGENCE.

Buda-Pesth.—Drs. Erös and Ottava have been appointed lecturers in Diseases of Children and Ophthalmology respectively.

Innsbruck.—The Professorship of Pathological Anatomy having been declined by Professor Weichselbaum, Dr. Pommer has been appointed to give the lectures for the present.

Kiel.—It is proposed to establish a Professorship and an Institute of Hygiene.

Marseilles (école de plein exercise).—The Municipal Council is endeavouring to get the Medical School raised to the rank of a Faculty.

St. Petersburg.—Dr. Shudnovsky has been promoted to be Professor of Diagnosis.

Seville.—Señor Moresco has been nominated Professor of the Diseases of Children.

Strasburg.—Professor Kussmaul, being about to retire at the end of the current winter semester, will probably be replaced by Professor Naunyn of Königsberg.

Valladolid.—Señor Roa has been nominated Professor of the Diseases of Children.

Zaragossa.—Señor Borovio has been nominated Professor of the Diseases of Children.

MR. S. HAMILTON CARTWRIGHT has recently sailed for Australia, where he is about to be married. He has resigned the Professorship of Dental Surgery at King's College, and the Dental Surgeoncy to King's College Hospital, which he has held for the past twelve years, in succession to his father, Mr. Samuel Cartwright. He has also given up all intention of resuming dental practice, but may probably return to general medical work. A large number of friends assembled before his departure to bid him adieu.

THE great St. Petersburg physician, Professor Botkin, is now in Paris, where, accompanied by his son, Dr. S. Botkin, he has been visiting the hospitals. He is, of course, receiving every mark of attention, and when his name is mentioned to the students he is greeted by an ovation.

A CONGRESS of physicians and veterinarians, with the view of discussing the subject of tuberculosis in man and in animals, is announced to be held from July 25th to the 31st, in the rooms of the Faculty of Medicine, Paris. Professor Chauveau will preside.

MR. FRANCIS GALTON'S proposed lectures at the South Kensington Museum on Heredity and Nurture, which were postponed on account of his illness, are now announced for the Saturdays, Nov. 26th, Dec. 3rd, and Dec. 10th, at 4 P.M.

AT a meeting of the Council of Queen's College, Birmingham, held on the 17th inst., Mr. Lawson Tait was elected Professor of Gynæcology, and Mr. T. H. Bartlett Lecturer on Operative Surgery.

THE GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

TUESDAY, NOVEMBER 22ND.

MR. MARSHALL, PRESIDENT, IN THE CHAIR.

AFTER some formal business, including the introduction of new members (Sir George Macleod in the place of Dr. Fergus, and Dr. Samuel Wilks as a representative for the University of London), the PRESIDENT delivered the following address:—

I deeply regret that upon the first occasion on which it is my privilege to open a session of this Council my earliest words must be expressive of our common sorrow at the unexpected death of the late Dr. Andrew Fergus, who, as the Crown member for Scotland during the past ten years, had gained the esteem of all his colleagues as a sagacious councillor and a genial friend. The serious illness of Sir William Gull demands an expression of sympathy on our part towards one who was for twelve years a zealous Crown member for England, and has since then been for a brief period the representative of the University of London. To this I am confident I may add your earnest hope that his progress towards recovery may lead to his complete restoration to health. The two seats on the Council thus vacated will doubtless be worthily filled by the well-known members who have just been formally introduced. Since the last meeting of the Council, the business of the office, whether current or occasional, has been so arranged and carried on that no important arrears have been permitted to accumulate. It will have been noted by you that, as indicated in the summons, this present session of the Council may be regarded primarily as brought together for the discussion and settlement of certain specified subjects. This view has been adopted in accordance with what I have understood to be a general desire, that the autumn meeting of the Council, in November, should be limited, so far as found to be practicable, to the consideration of all questions connected with the completion and rectification of the Medical and Dentists' Registers, including the investigation and decision of cases involving the possible removal of titles or names, or of both titles and names, from the Registers, under the penal clauses of the Medical and Dentists Acts; whereas questions appertaining to education and examinations might be relegated to the spring meeting of the Council in May, which will, however, be summoned for "general business," and so be formally competent to deal also with registration work. It is believed that such an allocation of the exceedingly varied duties of the Council may contribute to the satisfactory and economical despatch of its business. To prevent misconception, and to anticipate possible queries, it is well for me to add that this arrangement in no way precludes the consideration of any subject not included in the terms of the special summons, provided that a majority of the Council should be in favour of such a proceeding. Indeed, one important additional subject has already offered itself, which will require the decision of the present meeting of the Council—namely, an application from the Society of Apothecaries of London relating to a proposed examination for the grant of a diploma in Public Health. With this addition, it is hoped that the following sketch will be found to comprise all important subjects demanding immediate attention. 1. The adoption of the amended Standing Orders is a necessary, but I trust a merely formal, part of our present duty. These have undergone revision by myself, by the Registrar, and by a special committee, and have been finally submitted to and approved by the Executive Committee. The chief alterations in them relate to the times of meeting of the Council, to the constitution and election of committees, and to the appointment and duties of the inspectors. A few obsolete orders have been omitted. Some slight additions or emendations may still have to be introduced, in the event of any further recommendations from the Finance Committee or the Income and Expenditure Committee being adopted by the Council. 2. The inevitable, but I believe not embarrassing, subject of finance will be brought to your notice in a report to be presented to you by the senior treasurer. 3. A brief report on the question of "unqualified assistants," to be submitted to you by Dr. Chambers, will, it is hoped, be adopted by the Council and entered on the Minutes, with a view to its gaining subsequent useful publicity. 4. An important document relating to the registration under the Medical Act, 1886, of foreign degrees in medicine, held by registered practitioners, and obtained previously to the appointed day—viz., June 30th, 1887,—will be brought forward by Dr. Humphry for adoption by the Council. It is the result of prolonged and elaborate inquiry and correspondence. The information obtained has been tabulated by the Registrar, and certain recommendations prepared by a few members of the Executive Committee have been considered and agreed to by that body. Several schedules are appended to this report. Should the recommendations therein contained be adopted by the Council, it will be further proposed that the titles belonging respectively to the registered practitioners named in Schedule A may, on payment of the proper fee, be forthwith registered. This form of procedure becomes necessary, as the Council is the authority to which, under the Act, that duty is assigned. In the near future applications for this form of registration will cease, and the recognition of the validity of the few outstanding claims may, after due inquiry, be properly delegated to the Executive Committee, subject to report to the Council. 5. I must absolutely defer, for the consideration of the Council only, the unfortunately numerous cases arising under the penal clauses of the Medical and Dentists Acts; but I may make this comment, that their number on this occasion is the necessary consequence of their being all reserved for consideration at this session of the Council. 6. In view of the complications which arise out of the diversity of disciplinary powers and practice amongst the numerous authorities capable of granting registrable medical qualifications in the United Kingdom, I desire to suggest to the Council the appointment of a special committee to collect authentic information on this important subject, and, after consultation with the legal advisers of the Council, to present a report at our next meeting, embodying the facts so ascertained, and, if found practicable, offering recommendations simplifying our proceedings in such cases. If not exceeding my privilege as your president, I would venture to suggest, in reference to this subject, four important propositions: First, that each qualifying authority should be the guardian of its own honour, and should primarily exercise

the function of deprivation of its qualifying degree, diploma, or licence. Secondly, that all the qualifying authorities should have in this respect the same rights and powers conferred upon them by Act of Parliament or by special statute, the Universities also being included so far as their medical degrees are concerned, inasmuch as these convey the right of entry into a profession. Thirdly, that there should be granted to the licensing bodies a power to proportion the penalty to be inflicted to the gravity of the offence committed; such, for example, as by admonition and the requirement of a guarantee for the future, or by either a temporary or a permanent deprivation of a qualification. Fourthly, that, except under certain very restricted conditions, the withdrawal of a qualification, or the subsequent restoration of the same by the authority concerned, should be followed, as a necessary consequence, by its removal from, or its subsequent restoration to, the Medical or Dentists' Register, as the case may be. These and other propositions would, I submit, be appropriately dealt with by a specially appointed "Discipline Committee," which should report as early as possible to this Council. 7. Finally, I have to suggest that, now that we are assembled together, an opportunity exists for the members of the two Standing Committees on Education and Examination to indicate to their respective chairmen subjects for inquiry, consideration, and report, in readiness for the ensuing spring meeting of the Council. With these introductory observations, I now commit to your hands the important work of the present session.

Communications were received from the Royal College of Surgeons in Ireland and from the British Dental Association with reference to the case of Mr. H. T. Partridge and his removal from the Dentists' Register. The communications were referred to the Dental Committee for inquiry and report.

Dr. HUMPHRY called attention to the marble bust of Sir George Paget which had been presented to the Council by some of its members, and which, he said, formed an admirable companion to the bust of Sir Henry Acland presented at the last session. The presentations showed the high esteem in which the two late presidents of the Council were held by those who worked under them.

Dr. QUAIN expressed the thanks of the Council to the gentlemen, especially to Dr. Humphry, for the presentation of Sir George Paget's bust.

The PRESIDENT, on behalf of the Council, thanked the subscribers for the bust.

Sir W. TURNER moved the acceptance of the Standing Orders as revised by the Executive Committee, with the exception of Clauses 5 and 9 of Chapter XI, and Clause 1 of Chapter XVIII.

Dr. QUAIN seconded the motion.

Dr. STRUTHERS thought that the whole chapter relating to finance should be omitted. The question of the remuneration to members of the Council might give rise to a discussion, and had better be left until the Finance Committee's report was received.

Sir W. FOSTER wished to know in what particulars the old Standing Orders had been altered.

The PRESIDENT said that in the first instance the old Standing Orders were printed on one side of the page and the proposed new ones on the other.

The following report from the Committee on Unqualified Assistants was then read:—

"Since the publication, under the authority of the Executive Committee, given on July 25th, 1887, of the resolution passed by the Council on April 21st, 1883, relating to the misemployment of unqualified assistants, a number of letters on the subject, chiefly marked 'Private,' have been received by the Registrar. From these communications—which may be consulted by members of the Council, and which will be preserved for further reference,—from notices in the newspapers, and also from common report, it is evident that magistrates, coroners, County Court judges, and other representatives of the public sense of justice, as well as medical men themselves, are becoming alive to the professional misconduct of registered practitioners who place patients under the sole charge of unqualified assistants. The administrators of the law regard as implicit fraud any claim of payment for the service of such substitute assistants, when it is represented as 'medical attendance.' This fact is encouraging, for when it is found that the owner of a 'branch practice' cannot get a claim allowed for the services of his unregistered 'substitute,' and, moreover, that the protection of a 'cover' does not enable the unqualified practitioner to recover charges, these two kinds of irregular practice will probably not long continue to exist in this country. It is worth the attention of the Council, and especially of that part of it which constitutes the Education Committee, that one excuse made for the employment of unqualified assistants is the fact that young medical men recently qualified are often found incompetent to treat common diseases, and are, therefore, so far unfit to take sole charge of the sick. Modifications of the educational curriculum, which would render imperative on the student to obtain a more complete clinical knowledge and a greater acquaintance with the details of practice by personal intercourse of patients, would be viewed with favour by members of the Council and of the profession generally."

Dr. CHAMBERS, in moving that the report be received and entered on the Minutes, said the committee had never met, the report having been drawn up by correspondence. They were so completely in agreement that it was not necessary for them to meet. It had often been remarked by jurists that the best statutory laws were those the penalties of which had never been enforced, acting, as they did, by indirect influence. That was the way in which the resolution of the Council with regard to the employment of unqualified assistants had acted. A very considerable number of practitioners in the North, who had formerly employed them, had given them up, being men of respectability and position in society, who valued their good name. There were, however, others who braved out the resolution of the Council. Unfortunately, the worst cases had not been brought forward, and their offences had been condoned on the promise not to infringe the rules again. It would be very desirable to get hold of some really bad cases. When evidence was obtained that certain men habitually employed unqualified assistants, the Council would, no doubt, know what to do with them. Several practitioners had stated that they could not put qualified men in charge because they were unequal to the treatment of ordinary diseases.

Sir W. FOSTER seconded the motion. There were, he said, two classes of unqualified assistants employed by medical men throughout the country. It would be perfectly impossible for the Council to interfere with the legitimate unqualified assistants, because, if they did, those men would probably be taken on under the name of apprentices, and the Council did not wish to stop the unqualified practice which went on under the eye of qualified medical men. They did, however, object to those who only escaped the law by the use of a "cover," and he hoped the Council would take the most vigorous action to put down that nuisance.

Mr. TRAILL thought that certain recent actions at law had gone a long way towards settling that question. In one County Court the other day charges for an unqualified assistant were disallowed, and he had received a circular inviting medical men to attend a meeting in order to move Parliament on the subject, so that the persons concerned were keenly feeling the effect of the decisions.

Dr. DUNCAN felt bound to express his difficulties about this subject. What was an "unqualified assistant"? Until that was explained he must feel doubts about the propriety of the report. Although no money was made by it, he employed hundreds of "unqualified assistants" in one of the most important duties of the profession. He had 2000 midwifery cases annually under his charge, all done by "unqualified assistants," and there was no word in the report to prevent his being taken to a court of law as an employer of such assistants. He was in accord with the general object of the report, but he disliked that the Council should blacken its own children, and tell the public that young medical men were not fit to attend ordinary cases. It would be very remarkable if they committed themselves to any such doctrine.

Dr. HERON WATSON said that in May, 1883, a definite report was presented to the Council by a previous committee on the same subject, and in the discussion it was distinctly brought out that there was to be no interference with that legitimate supervision of pupils in the conduct of cases which was required for the purpose of training and for dealing with the sick and necessitous poor. Many instances, however, were brought forward of practitioners employing assistants who practically took full charge of the cases, and that seemed to be absolutely discreditable to any member of the profession.

Mr. MACNAMARA said there was a very important distinction between "unqualified assistants" and the class

which Dr. Duncan had alluded to. In the latter case the assistant paid for the privilege of learning his profession, whereas in the former the public paid.

Dr. STRUTHERS said the last paragraph of the report contained a censure on young medical men, who, though highly educated, were of course unfitted to attend to certain diseases.

Mr. MITCHELL BANKS also thought the last paragraph ought to be struck out.

Dr. GLOVER said the subject of attention to the more common diseases had been referred to the Education Committee, from whom he hoped they would receive a very interesting report; but he objected to the last paragraph being deleted. It simply alleged that it was a common excuse for the employment of "unqualified assistants" that young qualified men were incompetent to take charge of ordinary cases. One of the defects of medical education was that the student had no chance of learning to deal with scarlet fever, small-pox, &c. It was a very common thing for patients to die without the principal ever seeing the cases. One instance had only just been reported to the Executive Committee. The patients were under the sole charge of an "unqualified assistant," and the principal, who resided at a distance, only came in at the death to give a certificate. Such practice had been severely condemned in Parliament, by the judges, and by the Council, and he hoped that that condemnation would not be retracted.

Mr. BRUDENELL CARTER thought the objection might be met if the words "is the fact" were altered to "rests upon the assertion."

Mr. MCVAIL considered the report a very valuable one, particularly in relation to the resolution passed last February, that it was necessary to reconsider the question of pupilage.

The further discussion was adjourned for a time, the hour having arrived for the attendance of the Solicitor in connexion with the following cases.

The SOLICITOR said the case of James McCully came under the 29th Section of the Medical Act of 1858, and he produced a certified copy of the conviction at the Central Criminal Court, to the effect that he had been sentenced to imprisonment for two years, without hard labour, for writing and publishing a scandalous and defamatory libel.

Strangers were directed to withdraw, and on their readmission,

The PRESIDENT announced that the Council, having considered the case of James McCully, have arrived at the conclusion that he has been proved to the satisfaction of the Council to have been convicted of misdemeanour, and that the Registrar be directed to erase his name from the Medical Register.

The SOLICITOR said a summons had been sent to Mr. Thomas Ormsby Wiley of the Isle of Wight to attend the Council, and a letter had been received from his legal adviser stating that he had gone abroad. The evidence he had to bring before the Council was a newspaper report of the proceedings in the Divorce Court, and a statutory declaration by the petitioner that the report was true.

Strangers were again directed to withdraw, and after the Council had deliberated for a few minutes,

The PRESIDENT announced "that, in the opinion of the Council, Thomas Ormsby Wiley has committed the offence charged against him; that the offence is, in the opinion of the Council, infamous conduct in a professional respect; and that the Registrar be directed to erase his name from the Medical Register."

The discussion on the Report on the Employment of "Unqualified Assistants" being resumed,

Dr. MATTHEWS DUNCAN said the definition of an "unqualified assistant" referred to by Dr. Heron Watson was not the definition of the Council, and never had been adopted by it. What he (Dr. Duncan) had intended to convey was that they could not condemn "unqualified assistants" without defining what the phrase meant.

Dr. PETTIGREW thought the Report should be referred back to the committee and the last clause expunged. The teaching supplied at the various hospitals was much better in the aggregate than the teaching of any one man, however good he might be. He was disposed to encourage the idea of young graduates taking assistantships before embarking in their own practice.

Dr. LEISHMAN considered the language adopted in the report as somewhat unfortunate. An "unqualified assistant" might be any person who had not a legal title. It was quite possible that an "unqualified assistant" might be capable of taking charge of minor cases, and a practitioner might be perfectly justified in handing such cases to an unqualified assistant. Was he therefore to be branded with "unprofessional misconduct" for "the employment of unqualified assistants"? It seemed to be an unfortunate phrase.

Dr. S. WILKS said there were no doubt certain points in which unqualified assistants might be found wanting. He knew for a fact that men came out from the hospitals without any knowledge whatever of diseases of children, such as measles and scarlet fever. He had conducted examinations for a number of years at the College of Surgeons in conjunction with Dr. Peacock, who never failed to ask the candidate how many cases of scarlet fever he had seen, and a very large proportion of them said they had never seen a case. He had heard of a young man who got prizes and obtained excellent testimonials, in addition to the diploma of the College of Physicians, and then took an appointment as medical officer to a school. A child in that school had an eruption, and in the course of three days twenty children were similarly affected. The medical officer, not knowing what it was, was obliged to ask an old country friend to tell him, and he pronounced it to be measles. He had actually never seen a case of measles before.

Dr. HAUGHTON knew, as a matter of fact, that many students never went near a fever hospital. It was only quite recently that steps had been taken by the great majority of the licensing bodies to see that no men were allowed to practise without having ever seen a case of childbirth. It was only a short time ago that some of the army surgeons rather prided themselves on never having seen a case of midwifery, but the Act of 1886 now required surgery and midwifery as well as medicine. He should support most cordially the last paragraph of the report.

Dr. BANKS said his experience had been the same as that of Dr. Wilks, he having seen men who had obtained their diplomas without having seen a case of some of the ordinary diseases, and particularly of scarlet fever. Some time ago he met an army surgeon in consultation about a case of scarlatina, and the surgeon told him that he had never been in a fever hospital and had never seen a case of scarlatina. Students were frequently very industrious in the surgical and medicine departments, but they sometimes feared to go into the fever ward; in fact, on one occasion a young man under examination in the Royal University, when sent to examine a fever case, actually refused to do so. The report referred to assistants of general practitioners, but if it referred to resident pupils in hospitals he should protest in the strongest possible way against it.

The PRESIDENT hoped the Council would adopt the report, striking out the last paragraph. The subject would come before the Council in May, and it would be better not to introduce any debatable matter into the report, which was one of facts, and which if published would do a great deal of good.

The report having been received and entered on the minutes, Dr. CHAMBERS moved and Dr. HAUGHTON seconded its adoption.

Dr. MATTHEWS DUNCAN moved, as an amendment, "That this report, with the omission of the last paragraph, be adopted."

Dr. STRUTHERS seconded the amendment.

Dr. GLOVER hoped that the last paragraph would be allowed to remain, especially after the statements made by Dr. Wilks. There might, perhaps, be some slight alteration made in the wording of the paragraph.

The amendment was then put to the Council, and carried by 16 votes to 10.

On the motion of Sir WILLIAM TURNER, seconded by Mr. TEALE, the report of the committee appointed to consider the question of the registration of foreign degrees in medicine under Section 16 of the Medical Act was received and entered on the Minutes. The consideration of the report was adjourned.

On the motion of Mr. BRUDENELL CARTER, seconded by Dr. MATTHEWS DUNCAN, a communication from the Apothecaries' Society of London, containing the proposed regulations of examination for a diploma in Public Health was received, and entered on the Minutes.

Mr. CARTER then moved: "That the diploma in Public Health of the Apothecaries' Society of London, granted after examination, according to the regulations now received and entered in the foregoing Clause 16 of these Minutes, be reco-

gnised by the Council for purposes of registration in the Medical Register, under Section 21 of the Medical Act (1886)." He said the regulations had been framed with extreme care. They provided for a complete examination, and would provide a qualification of great value to members of the profession.

Dr. BRUCE seconded the motion.

Dr. HERON WATSON moved, as an amendment, "That the opinion of counsel on the meaning of Clause 21 of the Medical Act (1886), as bearing upon the application of the Society of Apothecaries of London, be obtained as soon as possible before granting that application."

Dr. MATTHEWS DUNCAN seconded the amendment, which was carried.

The Council then adjourned.

WEDNESDAY, NOVEMBER 23RD.

The Council reassembled at two o'clock, Mr. MARSHALL, President, in the chair.

The first business on the programme was the consideration of the case of Henry Arthur Allbutt, a medical practitioner of Leeds.

Dr. HERON WATSON moved: "That this case be heard with closed doors, in the absence of strangers."

Dr. PETTIGREW seconded the motion.

Sir W. FOSTER thought the wiser course would be to pursue the ordinary course and to hear the case in the presence of the public, and then, as required by its standing orders, for the Council to deliberate upon the case in private.

The PRESIDENT said that he had taken the advice of Mr. Muir Mackenzie and Mr. Farrer, their counsel and solicitor, and they did not recommend that the Council should proceed to any unusual exclusion of strangers at that stage of the case.

Mr. MUIR MACKENZIE having stated his reasons for the advice he had given, the motion was put to the Council, and lost.

Mr. Allbutt was then admitted, accompanied by Mr. Robert Lamb Wallace, who appeared as counsel on his behalf.

Mr. WALLACE asked formally for an adjournment of the case, on the ground that his client had not had proper time to prepare his defence.

Mr. MUIR MACKENZIE submitted that the time given by the summonses to Mr. Allbutt was such as would be considered ample in any legal proceedings. There was no reason for the application.

Mr. WALLACE said the summons was issued on the 9th inst., and owing to absence from home did not reach his client till the 14th, with the result that the brief was not placed in his (Mr. Wallace's) hands till Friday last. He submitted that there had not been ample time granted for the defence to be scientifically prepared and conducted.

Mr. MUIR MACKENZIE said the time given had been more than was granted by the standing orders. He could not advise the Council that sufficient ground had been shown for the adjournment.

Mr. WALLACE said he would withdraw his request for an adjournment, but he asked that the members from Leeds, Mr. Wheelhouse and Mr. Teale, might be requested to withdraw from the Council, as his client had good reason to believe that they were personally prejudiced against him.

The PRESIDENT said it was not possible for the Council to listen to such a request. The request had been made, but the Council could take no notice of it.

Mr. FARRER then stated the case against Mr. Allbutt, which had been brought to the attention of the Council by the Leeds Vigilance Association. Mr. Allbutt was a member of the Royal College of Physicians of Edinburgh, and a licentiate of the Society of Apothecaries of London. The gist of the charge against him was that he had published a book or pamphlet entitled "The Wife's Handbook." The General Council having referred the case to the English Branch Council, who deputed a committee of their body to inquire into the facts, the committee reported "that the pamphlet was extensively sold, and that besides containing much that was offensive to good taste and professionally objectionable, it taught how sexual intercourse might be indulged in without fear of pregnancy supervening, but it did not distinctly recommend that kind of indulgence unless avoidance of pregnancy was advised by the doctor." The seventh chapter was the one that was the most objectionable, the title being "How to Prevent Conception when advised by the Doctor." There were also a number of advertisements bound up with the book, entitled "Malthusian Appliances." The Committee of Inquiry did not proceed further on the supposition that the Royal College of Physicians of Edinburgh was taking steps for the removal of Mr. Allbutt's name from the list of their Members; but in a letter dated June 11th, 1887, the Royal College stated that, seeing that their action could only deprive Mr. Allbutt of one of his two qualifications and that the case was now occupying the attention of the English Branch Council, they proposed to delay taking any further steps until the decision of the General Medical Council regarding the case should be declared. Under these circumstances, the Branch Council for England thought the case was one for the consideration of the General Medical Council. The question to be decided was whether the book was a fair medical treatise or an indecent advertisement, and was it a book so injurious to the public in point of health as well as morals, and so evil in its tendency as regards the profession, that its publication would be considered to be "infamous conduct in a professional respect."

Mr. WALLACE said his client had been charged with a very grave offence, and one which, if proved, would merit severe punishment. He commented very severely upon the way in which the case had been got up by Mr. Lechmore and the Leeds Vigilance Association, and complained of the hardship that had been inflicted upon his client by the change of venue from Edinburgh to London. He was charged with having written an indecent book, and with having attached thereto advertisements of an unprofessional character entitled "Malthusian Appliances"; but what on earth was there unprofessional about Malthusianism? Though he was charged with printing an indecent book, yet for months afterwards they permitted the book to be publicly sold, instead of indicting him at once, as they might have done, in Scotland for issuing an obscene libel. Instead of that the charge had been hung over his head for ten months, and everything had been done to ruin his client. With regard to the advertisements about Malthusian appliances, they were inserted only at such a price as would cover the cost of printing, so that Mr. Allbutt did not issue them for the purpose of monetary profit or with the view of attracting patients to himself. Some of the advertisements were by firms who were well known to be thoroughly respectable, and it could not for one moment be supposed that they did not know the nature of the book. It was manifest that the British public, who were the last tribunal, did not think the work was an obscene libel. In reference to the general tendency of the book, he contended that the limitation of the population was a legitimate subject for discussion.

The learned counsel had not finished his address when the hour of adjournment arrived.

THURSDAY, NOVEMBER 24TH.

The Council met at two o'clock, Mr. Marshall, President in the chair.

The consideration of the case of Mr. Henry Arthur Allbutt was resumed.

Mr. WALLACE, continuing his address, urged that the tendency of the whole book written by Mr. Allbutt was highly moral, and he asked the Council, in any resolution they might come to, to give such an expression of opinion as would give the book the *imprimatur* of the Medical Council. The earlier chapters of the book dealt with the signs of pregnancy and how to keep health during pregnancy. It then proceeded to warn women against the danger arising from an over-prolonged suckling of infants, a practice which was stated to prevail to an enormous extent among the lower classes under the mistaken idea that by so doing they prevented conception, and which was apt to produce blindness in the mother and idiocy in the child. It also spoke strongly against the use of alcoholic stimulants. It then dealt with the ill-effects upon the mother of repeated pregnancies occurring at short intervals. He warned women against the crime of attempting to procure abortion, and then proceeded, in the seventh chapter, which was the crux of the whole matter, to state various methods to prevent conception. Here the question arose whether it was right to advocate the use of such checks, and whether the checks suggested were proper ones. He did not know whether it would be argued that the advocacy of any check to popula-

tion was undesirable, but he would certainly undertake to show that such things had been discussed before, and not condemned. Referring to an article which appeared in the *Fortnightly Review*, written by Mr. Montagu Cookson, Q.C., in which the Malthusian theory was advocated and a check suggested, he urged that if the advice was immoral the writer of that article ought to be proceeded against. It had also happened that details of evidence given at divorce trials had been published in the daily press which were quite as suggestive as anything contained in the book now under discussion, and surely, if this was immoral, they, too, ought to have been proceeded against. He protested against the hardship done to his client by singling him out for persecution of this kind. Dealing with the figures representing the birth and death rates of large towns, he submitted that a *primâ facie* case was shown for some means being adopted to check the enormous and totally unnecessary increase of population among the pauper class. He proposed to call competent witnesses to prove the terrible and alarming state of things existing with regard to this constant propagation.

Mr. MUIR MACKENZIE said that would be absolutely irrelevant. There was only one question for consideration, and upon that there could be no evidence—viz., what was the tendency of this work? That was the whole question for the Council.

Mr. WALLACE thought it was most directly relevant. He was trying to prove that this book was written with a moral purpose, with a view of preventing a great evil which was accruing to the State, and the calling of a witness to prove the existence of that evil, and that this book would have the effect of reducing it, was, he submitted, entirely relevant.

Mr. MACNAMARA said it might be taken for granted that the members of the Council were perhaps better acquainted with questions of infantile mortality and with the protective means that had been suggested in the book than any witness that could be called before them.

The PRESIDENT said the Council had no power to examine witnesses upon oath, and therefore their statements could not have additional weight to those made by counsel. Unless the Council authorised him to do so, he must decline to have any witness produced.

Mr. WALLACE said he would withdraw his suggestion. It was alleged in the indictment that this book was sold at so low a price as to bring it within the reach of the youth of both sexes, to the detriment of public morals. It was not alleged that the book was an immoral one, although that was alleged in the Scotch indictment—the Medical Council did not think fit to charge him with that, and so he was charged with having sold it at a low price. Was it meant to be seriously contended that if it had been published at two guineas nothing could have been said against it? The book had now been published for two years, and he challenged the product of any proof that it had done any harm to public morals. He found on personal inquiry at places where it was most likely to be kept for sale that it was not so kept, and at one shop where it was kept it was only sold to adults and to persons supposed to be married. Mr. Allbutt had declined to allow it to be sold in the streets. It was charged that this work contained statements which might gratify the vicious, but was there any surgical work which did not contain material which might gratify the vicious? He referred to some fifty or sixty petitions which had been sent to the Council from all parts of Europe, and by all kinds of people, in favour of this book, showing that the profession were by no means unanimous in condemning it. The Council would be running an enormous risk in condemning his client, for they would go counter to the feelings of, at all events, a very considerable and influential minority of the profession. He put his case, however, on higher grounds, and asked for a unanimous decision of the Council in favour of his client that this book was not an immoral one, that it was a book written with a good purpose, with a view of teaching these poor people how to avoid pain, misery, starvation, poverty, and crime. He asked the Council on that high and moral ground to come to a decision which would exonerate his client from the imputation that had been cast upon him, and would enable him to stand forward in the eye of the world as a respected and honourable member of the profession which they all so much adorned.

ACTING AS "COVER."

The consideration of Mr. Allbutt's case was suspended in order to take the case of Mr. Orme (registered as Member of the Royal College of Surgeons of England, 1865), who was summoned to appear on the following charge, as supplied by the Council's solicitor, that he, being a registered practitioner, had acted, and did act, as "cover" to one James McGowan, of No. 3, Acorn-villas, Grays, in the county of Essex, an unqualified person, in connexion with the National Medical Aid Company, Limited.

Mr. FARRER stated that he had spoken to Mr. Orme on the subject, and he was quite willing to place himself in the hands of the Council, knowing that the Council never wished to press hardly on any man. Mr. Orme stated that he was not aware of the feeling of the Council on the subject in question, and that he had erred in ignorance.

The PRESIDENT asked Mr. Orme if it was his desire to place himself in the hands of the Council.

Mr. ORME said that that was his desire.

Mr. FARRER read a letter which had been written by Mr. Orme denying that he had employed Mr. McGowan as an assistant to take a large practice in connexion with the company in question, and also a letter from Mr. McGowan stating that he had never falsely assumed the title of Doctor.

Dr. QUAIN asked what was the National Medical Aid Company, Limited.

Mr. ORME said it was a medical club for the benefit of poor people who could not afford to pay medical men their ordinary fees. They paid so much a week, as in the case of the Foresters and Oddfellows. He was paid by the society as their regular appointed medical officer, residing in the district.

Mr. TEALE: Was Mr. McGowan, before he came under your supervision, assistant to another medical man?

Mr. ORME: Yes; he was dismissed from employment, and, as I thought he was unjustly dismissed, I took him into my employ to help in a large branch practice that I was asked to take up. He came as my assistant, and, as far as I know, has never misconducted himself or attempted to call himself Doctor.

Dr. GLOVER: Is this a company or a club?

Mr. ORME: It is a company in the strict sense of the word, having a capital of £10,000, and it is registered as a company.

Dr. GLOVER: What do you do in the case of death certificates?

Mr. ORME: I always see the cases myself.

Dr. GLOVER: It might happen that a person might die without your seeing him?

Mr. ORME: It might happen. There was another medical man residing in the place who was associated with me as general medical officer; but he has now resigned, and I am the only medical officer in the district.

Dr. GLOVER: Living eighteen miles away?

Mr. ORME: Yes. I could run up by train in a short time. Neither Mr. McGowan nor myself ever attempted to infringe the laws of the Council intentionally.

Mr. MACNAMARA: I presume that there is a telegraph between you and the dispensary?

Mr. ORME: Yes, and I can get there in an hour or two.

Mr. TEALE: Did Mr. McGowan write prescriptions or dispense medicines?

Mr. ORME: He never wrote prescriptions.

Mr. TEALE: Were the medicines dispensed by him on his own individual opinion?

Mr. ORME: On his own individual opinion when I was not present.

Dr. QUAIN: By employing an unqualified person do you think you excluded or prevented a qualified person from coming to the district.

Mr. ORME: Not that I am aware of.

Dr. QUAIN: In your absence he might prescribe for cases?

Mr. ORME: Certainly he might. I am not aware of his ever having written a prescription.

Dr. MATTHEWS DUNCAN: Were you aware of the action of the General Medical Council against unqualified assistants?

Mr. ORME: I certainly was not.

Dr. MATTHEWS DUNCAN: What medical journal do you generally read?

Mr. ORME: I generally take in THE LANCET, but I have not done so for some two years past.

Dr. GLOVER: How long was Mr. McGowan acting in this capacity?

Mr. ORME: Three months.

The Council then deliberated on the case in private.

On the readmission of strangers,

The PRESIDENT said: Mr. Orme, I have to read to you the resolution of this Council, after having considered your case, as you must be aware, at considerable length and with very great deliberation. The resolution to which they have been obliged to arrive at is this:—That the Council views with the gravest disapprobation the conduct of Mr. Robert Orme as admitted by him, and while dealing with the offence leniently in the special circumstances of this case, and not erasing his name from the Register, they at the same time wish him to understand that the carrying on of a branch practice under the conditions admitted by him is a serious offence in the opinion of this Council, and is also detrimental to the public welfare. That is all that I have to say on the part of the Council.

Mr. ORME said that under the circumstances he should resign his appointment in connexion with the company, as he had no desire (and never had) to infringe the rules of the Council. He should also discharge Mr. McGowan with the proper notice.

The Council then adjourned at half-past six.

IRISH HOSPITALS AND MEDICAL SCHOOLS.

ROYAL COLLEGE OF SURGEONS MEDICAL SCHOOL.

SIR WILLIAM STOKES said that it seemed to him that there was a peculiar responsibility and importance attached to the opening of this session, as they were, so to say, entering upon a new dispensation, "The old order changeth, yielding place to new." They were now, in truth, ringing out the old system, and ringing in the new; and this process was fraught with consequences of the utmost gravity and importance, not alone to the student, but also to the College, the profession, and the public at large. Since the last inaugural address was delivered there a union had taken place between that College and the old medical corporations of Ireland. Hence the student in medicine had now to look forward not alone to sessional examinations, but also to a final one, conducted, not as heretofore by one, but by two of the medical authorities. From this union of their College with the other corporations he anticipated the best results. The want of it too long had been a source of weakness to their profession, and had kindled feelings of jealousy and distrust, keeping them divided, powerless, and weak; and although in the negotiations between the licensing bodies many feathers had been, and still were, ruffled, and the union not as comprehensive as he trusted he might live to see it, still a good beginning had been made, and he looked forward with confidence to witnessing a happy reciprocity and overlapping of their work, and an approach made to that end desired by all—unity in science of medicine. The lecturer then gave advice as to earnestness, enthusiasm, and honesty in work. One of their main ambitions should be not to be haunted in after life by the disturbing and paralysing spectres of lost opportunities. They should keep records of what they saw and what they heard, both in hospital and school. Their motto should be—"*Nulla dies sine linea.*" The lecturer then gave a brief retrospect of the chief surgical work accomplished by some of his predecessors in the surgical chair of the College, and said that in that survey he had to acknowledge with gratitude the assistance he had derived from the comprehensive history of the College by his friend and colleague, Sir Charles Cameron.

SCHOOL OF PHYSIC, TRINITY COLLEGE.

THE lecturer (Rev. S. HAUGHTON) delivered an address on "The History of the Medical School of Trinity College." He said that the school under Macartney went up like a rocket and it came down like a stick. That was because it was worked on the one-man principle. The professors were asked to surrender their opinions for those of a dictator. Under such a system he said fearlessly liberty perished, and no institution, not even the British Empire, could stand. From 1858 the school had progressed with varied fortunes, and now it had attained a prosperity not only equal but surpassing the time of Macartney, because it then stood on sand, but now it stood on a rock. It did not now depend on the one-man principle, but on the ability and energy of the teachers, and it was now worthy of the distinguished College of Elizabeth. Its future would be onward and upward. Having addressed some special remarks to the students, Dr. Haughton said he had great pleasure, in the name of the professors of the school, in asking the Provost, as head of the College, to hand over these enlarged buildings to them, and wish them God-speed in the future.

ST. VINCENT'S HOSPITAL.

MR. TOBIN said: When thinking of a subject for the remarks which it was his duty to make to them that day, this sentence from Watson's well-known introductory address occurred to him—"The profession which you and I have chosen, or which circumstances have prescribed for us, is a noble profession, and worthy of the devotion of a life-time." He would take this for his text, and, in the first place, he would briefly indicate in what the nobleness of their profession consisted; and, in the next, how they could to the best advantage devote their time to its study and its practice. He asked them to bear in mind that when one gave advice one usually did so by going back on one's own life, reviewing its mistakes and its failures, looking into the causes thereof, and then raising a voice of warning to those coming behind. If, then, he seemed to them too emphatic in condemning any practice, they should remember that his censure included himself, and that in every word of blame he made a confession and a self-reproach. He then pointed out in what respect his profession differed from others, and mentioned cases showing that there existed in the public mind the expectation of gratuitous work from them, and he said this was not a thing to be cavilled at, but to be cherished and glorified in as a splendid inheritance put together by the devotion and self-sacrifice of those who had gone before them. He then proceeded to indicate how they could, to the best advantage, pursue their studies after they had first made a careful choice of their profession, and had in some way assured themselves of their competence for such a profession as theirs, one which required the severe mental gymnastics implied by the study of medicine. He urged the necessity of toil to obtain a position in the profession, and showed that in after life how much they were likely to lament lost opportunities.

RICHMOND HOSPITAL.

DR. O'CARROLL said he would attempt to speak to them on the subject of pathology: first, because of his faith in its necessity as part of medical education; and secondly, because of his conviction that it was that branch of investigation in which the Dublin school was most signally behindhand. First, to define what he meant by pathology. Pathology signified, as they were aware, the knowledge of the circumstances attending disease, but it had come to be narrowed down to mean that science which investigates the physical basis of disease. The science of pathology was yet in its infancy. They had ventured into depths unfathomed by those who had gone before them, but the time had been too short and the number of workers too few for many large discoveries. But what pathology had achieved might be gathered from a comparison of the state of medical knowledge before its recognition as a science and since that time. Now, as in the past, the only sure basis of progress was observation, and of all the fields for observation open to them, he submitted that pathology, studying as it did all the body changes, the sum of which they named disease, claimed their first care. They could have no idea till they came to practise for themselves how vivid would be their diagnosis when based on a sound pathological knowledge. It was the absence of such knowledge which led such a large and persistent objectivity to such ideas as "constitution," "nerves," "system," and many others which he could mention. It had again been objected that pathology lends so little aid to therapeutics. The objection was a strong one, in the present undeveloped state of pathology. It was quite true that, to a large extent, they treated symptoms rather than physical conditions. Yet a comparison of the general course of treatment in the pre-pathological era and that of to-day would, he thought, convince them that the science of therapeutics proper had gained a very great

deal from the accurate study of morbid changes. Finally, let him remind them that pathology, if as yet it had given comparatively little aid to curative medicine, formed nearly the whole groundwork of preventive medicine. Learning the causes of disease in one generation, it aims to anticipate or neutralise those causes in the next, and thus to increase, as it undoubtedly has increased already, the average of human life. A pathologist, to attain a high position and to be capable of teaching his science, must practically devote his whole time to its study. For what reward? Not for a pecuniary one, for there was no prospect of emoluments to the pathological teacher, and few of them commenced their professional career in sufficiently independent circumstances to be able to devote themselves to a study which promised no reward but fame. As a consequence, while a knowledge of pathology was urgently needed by every physician, the opportunities for acquiring that knowledge were almost completely absent.

CHILDREN'S HOSPITAL.

DR. MADDEN desired, he remarked, to show those who were to be their pupils in the hospital that they were not wholly unreasonable in suggesting another addition to the formidable list of lectures that now confronted them as medical students. Of some of these courses they might possibly be puzzled to discover the utility when once they had passed through the examination portals of the profession; but most assuredly they would then realise the fact, which was now strangely ignored by the licensing bodies, that in whatever part of the world their future practice might be, its success would be largely influenced by their competence to deal with the protean diseases peculiar to children. This essential practical knowledge of disease, whether in adult or child life, could only be acquired in one way—namely, by clinical study, the paramount importance of which was such that it would be impossible for him to exaggerate its value, or for them to devote too much time to its pursuit. No portion of their medical training, none of the multitudinous studies by which they must fit themselves for their profession, could for a moment vie with that engaging them in the hospital, to which all other branches of medical education should be made subservient. In dealing with the diseases of children, as they would have to do in their future practice, difficulties would present themselves, and complications would arise which no mere book learning could enable them to deal with fitly. In those moments of trial, when human life depended on the soundness of their judgment and the promptitude of their action, they would face the emergency calmly and act judiciously, in proportion as they would avail themselves of the special opportunities afforded them of acquiring such a store of sound clinical knowledge as would, he sincerely trusted, hereafter make them successful and justly-honoured ministers of the healing art. Medical science had become so widely extended within recent years that subdivision or specialism was essential to its successful cultivation; and this fact, which was well recognised with regard to so many other complaints, applied with special force to the diseases of childhood. In investigating these they would have to study a new semeiology, to learn a new pathology and new therapeutics. Their old means of investigating disease would here to a great degree fail them, and they would feel almost as if they had to learn their alphabet, or as if, entering a country whose inhabitants they expected to find speaking the same language and having the same manners as the people in the land they had lately left, they were to hear around them everywhere the sounds of a foreign tongue, and to observe manners and customs such as they had never seen before. Dr. Madden concluded by impressing the importance of acquiring a sound practical knowledge of the maladies of children by diligent clinical study of those living pages of disease now open to them in that hospital.

MEATH HOSPITAL.

DR. FOOT began his address by suggesting to the students, as worthy of adoption and incorporation into the essence of their daily life, the principles of earnestness, industry, and perseverance. He urged on their attention the paramount claims of opportunity. Never again would such a combination of advantages be at their command as they had now, while their attention was sharpened by curiosity, their powers of observation keen, their memories tenacious, their duties novel, and their responsibilities light. In their youth all possibilities lay, and nothing was for them as yet irrevocable. The necessity for and the best means of cultivating the faculty of observation were dwelt on, and the lives and results of the life work of Bright, Addison, and Laennec were quoted to show that the task of clinical observation must be begun early and perseveringly followed. As the ultimate end and reward to be looked forward to as compensation for their toil and self-sacrifice, he suggested that of "excellence in their profession." This would include and cover all they could possibly hope for or expect. This was the seventh time on which he had addressed them in the same strain, and in the sixteen years that had passed since he had first done so he had seen, heard, or learned nothing to shake his faith in the correctness of the principles laid down on each occasion. It was difficult to enhance with any new and memorable charm of presentment truisms now venerable from their antiquity, but the prizes of life and how they were to be attained were questions which knocked for answer at the hearts of each successive race of students. The answer was, these prizes were only to be obtained by earnestness, industry, and perseverance, dominated by a worthy aim—excellence, irrespective of pecuniary reward.

PROFESSOR VIRCHOW ON THE CASE OF THE CROWN PRINCE.

AT the meeting of the Berlin Medical Society on Nov. 16th (of which a full report is given in the *Berlin. Klin. Woch.*, No. 47, and of which the following is an abstract), Prof. Virchow asked permission to make a statement respecting his reports upon the microscopical examinations of the portions of new growth which had been removed by Sir Morell Mackenzie from the larynx of His Imperial Highness the Crown Prince. It had been publicly stated that these reports had influenced the line of treatment adopted, and as President of that Society he felt it incumbent upon him to meet the attacks which had been made upon him on this ground. It was far from his intention to discuss the case, for it would be unbecoming to do so at a time when they were all filled with anxiety and disquiet at the recent intelligence concerning it; he only desired to explain the circumstances under which his reports were made, and to place the position he held in the matter in a clear light. He had informed Drs. von Bergmann and Gerhardt of his intention, and they wished him to say that in their capacity as surgeons in charge they did not desire to make any statement at the present time, nor that any discussion should ensue upon what would be a purely personal explanation. Professor Virchow then related how on May 21st Dr. Wegner brought him a small portion of tissue which had been excised for the purpose of microscopical examination. The fragment was so small that it was entirely examined, and the report was not published simply because it dealt with so minute a portion as to be of no value. The other reports were published by command of the Crown Prince, and were known to all. This report of May 21st states that the preparation consisted of a fragment of the surface of the mucous membrane, with, at one spot, some irregular bundles of submucous tissue. In no part were there in the deeper layers of the mucosa any elements foreign to that tissue, the only abnormality being an increase of nuclei and vascular papillæ on the surface. The epithelium was much developed, and its cells contained nuclei in process of division; in some places there were nests of epithelial cells. At one spot there was marked epithelial proliferation, the cells being enlarged, cloudy, in part containing vacuoles and enclosing cells. Nothing was found inconsistent with the characters of a simple inflammatory process. After the report was sent in, Dr. Gerhardt examined the preparation with Professor Virchow, and was satisfied that the "nests" of epithelial cells were only found in the superficial layer. It is now generally admitted that these nests—which thirty years ago were held to be distinctive of cancroid—occur in the most various and benign epithelial formations. Professor Virchow then read the next report (June 9th), which has already been

published,[1] and with respect to it he pointed out that he had expressly stated that an opinion on the nature of the whole disease could not be given from an examination limited to the excised portions. He could only frame his judgment upon what he himself examined, and he could not justly have expressed the opinion that it was still possible that a cancer existed. Such a possibility was not excluded by the terms of his report, for he had expressly affirmed that he only reported upon what was sent to him. At no time was he in a position from personal observation to gain any knowledge of the condition. He had not seen His Imperial Highness since the end of the winter, and at that time he was suffering from considerable hoarseness. His third report was dated July 1st,[2] and this confirmed the previous examination—viz., that it was a simple hard wart. But the portion excised was so superficial that no further opinion could be formed as to the condition of the deeper parts. He had expressed a wish for a detailed account and drawing of the precise relative position of the four fragments, and learnt that the first portion had been removed from the left vocal cord, and the last from the posterior third of the upper surface of the same cord. As to the other two portions, the nature of the subjacent tissue made it probable that they occupied the posterior third, probably to the right of the arytenoid cartilage; so that all the growths had probably been removed from the same region. At this time they learnt from English and German journals that Sir Morell Mackenzie had placed the responsibility of the diagnosis upon himself (Professor Virchow). He had kept silent, although he could indeed say that he was often very impatient, for he well knew the actual value which the English laryngologist would place on such a diagnosis.[3] During all this time he had not spoken to Sir M. Mackenzie, nor communicated with him by letter. Then came the authoritative reports that the morbid growths had been entirely removed, and that a small swelling which occurred had receded. It was repeatedly stated that no new outgrowths appeared at the seat of operation, and that is probably so. For, as Dr. Schmidt personally assured him (Professor Virchow), the left vocal cord is now not affected by the disease, which is described in the official report as in the hypoglottic region—how far or near to the cord Professor Virchow could not say. It seems, then, there has been no recurrence *in loco*, and that the clinical course of the case also rendered it impossible that the portions he examined were portions of cancer, if such had been present. He could not enter on the general question as to the conclusions upon the nature of the disease to be drawn from the examination of excised fragments, but could only say that he has since examined many specimens of laryngeal cancer in museums, and has not found one in which there were neighbouring warty growths quite independent of the cancer. He had never expressed the opinion that no other part of the larynx would become affected, but if, after the lapse of months, there had been no appearance of disease elsewhere the prognosis would have been much more favourable than is now unhappily the case.

MEDICAL ATTENDANCE ORGANISATION COMMITTEE.

A CONFERENCE was convened by the above committee at the Society of Arts on Nov. 22nd, at 4 P.M., to discuss a scheme which they had prepared to secure co-operation between the general metropolitan hospitals and provident dispensaries, and to establish more institutions of the latter class, to be supported by small periodical payments. There were present a large number of ladies and gentlemen who were representatives of metropolitan hospitals, or had publicly interested themselves in the question of supplying medical aid to the poor.

[1] See THE LANCET, vol. i. 1887, p. 1302. [2] Ibid., vol. ii. 1887, p. 153.
[3] Vide Morell Mackenzie: Growths in the Larynx, p. 36. (London, 1871):—"*Malignant growths:* It is not always easy to distinguish between benign and malignant laryngeal growths; the latter, however, are diagnosed by being thoroughly blended with the surrounding tissue, by being very frequently ulcerated, and by the constitutional history and symptoms of the patient. In these cases, should particles be expectorated or removed during life, with the aid of the laryngoscope, *the microscope cannot be relied on for differential diagnosis.* Several cases have come under my notice where the histological features were decidedly those of cancer, whilst the clinical history was of a totally opposite character, and *vice versâ*."

Sir SPENCER WELLS, who presided, in the course of his remarks referred to the desirability of forming some kind of union between the various hospitals and dispensaries of the metropolis. The result of the labours of the committee during the past year had been embodied in a series of resolutions which ran as follows:—

That the governing bodies of the metropolitan hospitals be requested to co-operate with provident dispensaries, recognised by the Metropolitan Provident Medical Association, on the following conditions:—That applicants for co-operation are *bonâ-fide* provident dispensaries for supplying medical aid to the industrial classes, and managed by a responsible committee. That such dispensaries shall in the main be conducted in conformity with the scheme of the Medical Attendance Organisation Committee. That no pecuniary liability, apart from their own normal expenditure, be incurred by the hospitals in consequence of this connexion, and that either party be at liberty to terminate the arrangement at any time, with such notice as may be agreed upon. That the objects of such co-operation shall be as follows:—

1. *Suitable Members of Provident Dispensaries to be referred to Hospitals.*—That the medical officers of these provident dispensaries be entitled to send cases to hospitals for consultative advice or treatment; and that priority be given to patients who bring a form approved by the hospitals, and issued by the Metropolitan Provident Medical Association. That the physicians or surgeons of the hospital shall be at liberty, with the patient's consent, to retain for hospital treatment any case of clinical interest thus sent to the hospital.

2. *Limitation of the Number of Out-patients.*—That the number of out-patients received each day and the hours for seeing them be limited, so that not more patients be received than can be deliberately attended by the stated officers of the hospital (and used for clinical instruction in hospitals having schools attached), and also that the present abuse of keeping patients waiting for a great part of the day be reformed. That the "casualty department" be strictly limited to accidents and street emergencies, and that only accident cases attend more than once. That in the interests of hospitals, provident dispensaries, and of the poor themselves, it is desirable that an agent, well trained, and thoroughly conversant with the locality, rates of wages, &c., be employed at general hospitals and free dispensaries to fulfil the following duties:—(*a*) To ascertain whether the patients should receive advice and treatment gratuitously; (*b*) to make inquiries and investigation on the plan now in force at the "London" Hospital.

3. *Ineligible Applicants for Medical Relief at Hospitals to be referred to Provident Dispensaries.*—That the committees of hospitals, in co-operation with provident dispensaries, be asked to recommend to applicants for out-patients' treatment, who are *primâ facie* able to make the necessary provident payments, that they should become members of the dispensaries, with the assurance that if they should need special or hospital treatment, they would be recommended by the medical officers of the dispensaries to the hospitals for that purpose, and be received by them. That notices, giving particulars of the provident dispensaries in co-operation with the hospitals, be placed in their out-patients' waiting rooms. That this proposal be adopted, on the understanding that all patients, whose cases are *primâ facie* urgent, are eligible for first treatment, and also that those cases which are vouched for by the physicians or surgeons as of special interest be retained for hospital treatment.

4. *Students to be permitted to make use of Provident Dispensaries for the Study of Common Disease.*—That students of hospitals be permitted, under suitable regulations, to attend the practice of provident dispensaries in co-operation with their hospitals, when the medical officers see or visit their patients.

He invited those present to join in the discussion on the plan, and for the convenience of the meeting resolutions would be proposed, which could be discussed in detail.

Mr. W. BOUSFIELD moved: "That the scheme of the Medical Attendance Organisation Committee for co-operation between hospitals and provident dispensaries be accepted as a basis of negotiation." He said that at the hospitals many were treated who could afford to pay, and the out-patient departments were for the most part overcrowded and needed reforming. The Metropolitan Provident Association, which was formed in 1881, had been appreciated by the poor, but its progress had been slow from two causes: general practitioners had not supported it on the ground that people who could afford to pay were admitted as patients, and because no check had been put on the number of out-patients admitted to hospitals. Under the new scheme minor ailments would be treated at dispensaries, and, should need for consultative opinion arise, they could be transferred to the hospital.

Dr. GILBART SMITH, in seconding the motion, thought that the scheme would neither harm the hospitals nor deprive the really necessitous and deserving poor of the means of relief which were now open to them.

The Rev. Dr. WACE (King's College) proposed as a modification of the resolution, "That the scheme of the Medical Attendance Organisation Committee for co-operation between hospitals and provident dispensaries be referred to a committee composed of hospital representatives and of members of the Medical Attendance Organisation Committee for their consideration, and that the committee be requested to bring the scheme, when settled by them, before the governing bodies of their respective hospitals." This was seconded by Mr. Holmes.

After further discussion, in which Dr. Alfred Carpenter, Colonel Francis Haygarth, Mr. Jabez Hogg, the Hon. Conrad

Dillon, and Colonel Montefiore joined, the amended resolution of Dr. Wace was put as the substantive motion, and carried unanimously.

Up to the time of the meeting representatives had been appointed by St. George's, St. Mary's, Middlesex, Great Northern Central, Evelina, and King's College Hospitals.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns 5704 births and 3747 deaths were registered during the week ending November 19th. The annual rate of mortality in these towns, which had been 21·5, 21·4, and 20·0 per 1000 in the preceding three weeks, rose again last week to 21·1. During the first seven weeks of the current quarter the death-rate in these towns averaged 19·9 per 1000, and was 1·0 below the mean rate in the corresponding periods of the ten years 1877-86. The lowest rates in these towns last week were 13·5 in Hull, 15·3 in Leicester, 15·5 in Wolverhampton, and 16·3 in Brighton. The rates in the other towns ranged upwards to 29·0 in Halifax, 29·3 in Bolton, 29·6 in Preston, and 30·4 in Blackburn. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had been 466 and 402 in the preceding two weeks, were last week 404; they included 85 from scarlet fever, 84 from measles, 80 from whooping-cough, 61 from "fever" (principally enteric), 38 from diphtheria, 31 from diarrhœa, and 25 from small-pox. These zymotic diseases caused the lowest death-rates last week in Bristol and Wolverhampton, and the highest rates in Blackburn, Bolton, and Sheffield. The greatest mortality from scarlet fever occurred in Oldham, Birkenhead, and Blackburn; from measles in Cardiff, Bolton, Bradford, and Derby; from "fever" in Leeds, Derby, and Bolton. The 38 deaths from diphtheria in the twenty-eight towns included 25 in London, 4 in Huddersfield, 2 in Brighton, 2 in Manchester, and 2 in Salford. Small-pox caused 25 deaths in Sheffield, but not one in London or in any of the twenty-six other large provincial towns. The metropolitan hospitals receiving cases of small-pox contained 16 patients on Saturday last, showing a further slight increase upon recent weekly numbers. The number of cases of scarlet fever in the Metropolitan Asylums Board hospitals and in the London Fever Hospital at the end of the week was 2888, showing a further increase upon the numbers on previous Saturdays, although the number of admissions showed a further decline. The deaths referred to diseases of the respiratory organs in London, which had been 506 and 438 in the preceding two weeks, rose again last week to 461, and exceeded the corrected average by 40. The causes of 66, or 1·8 per cent., of the 3747 deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Portsmouth, Brighton, and in five other smaller towns. The largest proportions of uncertified deaths were recorded in Halifax, Sheffield, and Hull.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 22·6, 20·6, and 19·9 per 1000 in the preceding three weeks, rose again to 22·0 in the week ending Nov. 19th; this rate was 0·9 above the mean rate during the same week in the twenty-eight large English towns. The rates in the Scotch towns last week ranged from 17·3 and 18·8 in Leith and Paisley, to 23·9 in Glasgow and 24·4 in Aberdeen. The 549 deaths in the eight towns last week showed an increase of 51 upon the numbers returned in the previous week, and included 26 which were referred to whooping-cough, 16 to scarlet fever, 11 to "fever" (typhus, enteric, or simple), 8 to measles, 7 to diphtheria, 6 to diarrhœa, and not one to small-pox; in all, 74 deaths resulted from these principal zymotic diseases, corresponding with the number in the preceding week. These 74 deaths were equal to an annual rate of 3·0 per 1000, which exceeded by 0·7 the mean rate last week from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had been 26 in each of the preceding three weeks, were again 26 last week, of which 14 occurred in Glasgow, 5 in Dundee, 3 in Edinburgh, and 3 in Greenock. The deaths from scarlet fever were 16 last week, against 19, 14, and 17 in the preceding three weeks; they included 10 in Dundee and 2 in Glasgow. The deaths referred to "fever," which had been 6 in each of the preceding four weeks, rose last week to 11, of which 5 were returned in Edinburgh, 4 in Glasgow, and 2 in Aberdeen. The 8 fatal cases of measles showed a further increase upon the numbers in recent weeks, and included 3 in Edinburgh, 2 in Glasgow, and 2 in Perth. Four of the seven deaths from measles (showing a decline of 3 from the number in the previous week) were returned in Glasgow. The 6 deaths attributed to diarrhœa showed a further decline from the numbers in recent weeks. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 131 and 107 in the preceding two weeks, rose last week to 144, and were 7 above the number returned in the corresponding week of last year. The causes of 73, or more than 13 per cent., of the deaths registered in the eight towns during the week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been 31·0 and 32·1 per 1000 in the preceding two weeks, further rose to 34·6 in the week ending November 19th. During the first seven weeks of the current quarter the death-rate in the city averaged 29·3 per 1000, the mean rate during the same period being but 19·2 in London and 18·5 in Edinburgh. The 234 deaths in Dublin last week showed a further increase of 17 upon the numbers in recent weeks; they included 8 which were referred to scarlet fever, 6 to diarrhœa, 5 to measles, 4 to "fever," 3 to whooping-cough, 3 to diphtheria, and not one to small-pox. Thus the deaths resulting from these principal zymotic diseases, which had been 42, 41, and 45 in the preceding three weeks, declined last week to 29; they were equal to an annual rate of 4·3 per 1000, the rate from the same diseases being 2·2 in London and 3·0 in Edinburgh. The fatal cases of scarlet fever, measles, and whooping-cough showed a considerable decline from the numbers in recent weeks; the deaths from diarrhœa corresponded with the number in the previous week, and those from "fever" showed an increase of 1. Two inquest cases and 2 deaths from violence were registered within the city; and 55, or nearly a fourth, of the deaths occurred in public institutions. The causes of 38, or more than 16 per cent., of the deaths in the week were not certified.

THE SERVICES.

Deputy Surgeon-General G. M. Slaughter has taken over the duties of Principal Medical Officer of the Chatham District, in room of Deputy Surgeon-General E. H. Roberts, who proceeds to India.

Deputy Surgeon-General W. Colles has handed over his charge at Peshawur, and has joined at Meerut.

Surgeon-General W. A. Mackinnon, C.B., from head-quarters, will replace Sir J. A. Hanbury, K.C.B., as Principal Medical Officer at Gibraltar, who goes to India.

WAR OFFICE.—Brigade of Foot Guards: Surgeon-Major William Ralph Lane, Scots Guards, to be Brigade Surgeon, vice A. G. Elkington, Grenadier Guards, retired (dated Nov. 5th, 1887).

ADMIRALTY.—The following appointments have been made: Surgeon J. R. Dow, to the *Cordelia;* Surgeon J. S. Hughes to the *Himalaya* (dated Nov. 17th 1887).

ENGINEER VOLUNTEERS.—2nd Gloucestershire (the Bristol): Acting Surgeon G. M. Smith resigns his appointment (dated Nov. 19th, 1887).

RIFLE VOLUNTEERS.—2nd Bucks (Eton College): Surgeon J. W. Gooch resigns his commission; also is permitted to retain his rank, and to continue to wear the uniform of the corps on his retirement (dated 19th November, 1887).—1st Edinburgh (the Queen's City of Edinburgh Rifle Volunteer Brigade): Surgeon and Honorary Surgeon-Major R. J. B. Cunynghame resigns his commission; also is permitted to retain his rank and to continue to wear the uniform of the corps on his retirement (dated 19th November, 1887).—1st Volunteer Battalion, the Queen's Own (Royal West Kent Regiment): Arthur Ernest Marsack, Gent., to be Acting Surgeon (dated Aug. 13th, 1887).—13th Middlesex (Queen's Westminster): Acting Surgeon W. H. Fenton-Jones resigns

his appointment (dated Nov. 19th, 1887).—14th Middlesex (Inns of Court): The undermentioned officer resigns his commission:—Surgeon J. H. Morgan (dated Nov. 19th, 1887). 18th Middlesex: Druce John Slater, M.B., to be Acting Surgeon (dated Nov. 19th, 1887).

Correspondence.

"Audi alteram partem."

THE NATURE OF SMALL-POX.

To the Editors of THE LANCET.

SIRS,—Sir James Paget, in the Morton Lecture, says: "We cannot tell why small-pox is especially manifested on the skin." In the nomenclature, small-pox, having fallen amongst the "specific febrile diseases," is regarded as a typical blood disorder. Believing that the fermentation theory has misled us, I hold this an unfortunate association, and would group small-pox with "parasitic diseases of the skin." The manifestations of small-pox can be accounted for by an hypothesis that spores dispersed from a small-pox victim, falling on "good ground," vegetate locally; that the local lesion and constitutional disturbance are sequences of that local growth. In ringworm spores may be carried by the air and settle on the skin. "In the first place the fungus takes root in the superficial epidermic layers." "The fungus elements act as a foreign body, irritating the subjacent papillæ." These become hyperæmic. Serous exudation follows, the epidermis is loosened and raised into vesicles, the part grown on is then protected from further vesicular eruption (see Hebra, new series, vol. v., p, 215). "Fever may also accompany such an eruption if it is spread over a large part of the trunk" (p. 201). There is no doubt that small-pox is propagated by spores (see Dr. Buist's "Vaccinia and Variola"). It is probable that they are given off in enormous numbers from a small-pox patient. An unprotected person entering a spore-laden atmosphere would arrest some of them. If each spore produced a pock at the spot where it was arrested, we would expect the pocks to be most numerous on well-aired parts, the respiratory tract, face, and hands; less so in parts covered by clothes and hair; least on unaired surfaces, such as the œsophagus, vagina, and urethra. It is so in small-pox, with the exception of the conjunctiva (the spores were washed away to the eyelashes). If we imagine the spores to be blood-carried, we cannot explain the distribution of pocks. The other theory does account for it. On the fermentation hypothesis the number of pocks would be independent of the number of spores originally leavening the blood. But on the unprotected the number of pocks does depend on the circumstances of exposure. Such a person passing a small-pox patient in the street would have discrete small-pox. Such a person attending a small-pox patient in a room for days, or sleeping in the same bed, would have confluent small-pox. The instances of most extensive confluent eruption over the body in my experience have been personal attendants on small-pox patients admitted into general hospitals. The longer such a one is exposed to infection, the nearer to the source, the fewer intervening obstacles and the more confined the space, the greater will be the number of spores adhering, the greater the number of pocks.

I am, Sirs, yours truly,

Hospital Ships, Nov. 20th, 1887. R. A. BIRDWOOD.

"IS CANCER CONTAGIOUS?"

To the Editors of THE LANCET.

SIRS,—I have read with great interest the many letters which have appeared in the late numbers of THE LANCET on the subject of cancer, and also the admirable lecture in last week's number by Sir James Paget, Bart., who is decidedly of opinion that the disease is not contagious. Now, with your kind permission, I should like to bring before the profession a few cases which have happened in my own practice, and which can hardly, I think, be explained upon any other hypothesis than that of contagion.

1. Some years ago a gentleman, who had spent many years in India, came under my care for cancer of the lip, for which he refused to submit to any operation. When he was confined to his bed a favourite little terrier was scarcely ever out of his room, and, as is the habit of such little dogs, frequently licked his master's lips. This dog died, before his master, of cancer of the tongue.

2. A lady suffering from cancer of the uterus and vagina was nursed by a strong, healthy young woman of nineteen. She, in spite of my remonstrances, persisted in washing the rags which were saturated with the discharges from her mistress's wounds. Six months after the death of the lady this young woman was admitted into the North Devon Infirmary with a large mass of cancer in the axilla, and speedily died of the disease.

3. Since I have been in practice in this small town five surgeons, all of whom had officiated at the North Devon Infirmary, have died of cancer. Such a mortality can hardly be conceived except on the supposition that the disease was communicated, at least to some of them, during their manipulations on patients suffering from cancer.

I am, Sirs, yours faithfully,

Barnstaple, Nov. 21st, 1887. RICHARD BUDD, M.D., F.R.C.P.

To the Editors of THE LANCET.

SIRS,—The letter in your last issue under the above heading recalls to my mind the case of a man who died in the Liverpool Royal Infirmary in 1884 from cancer of the penis and secondary glandular disease, his wife having previously succumbed to malignant disease of the uterus. Like Mr. Whitehead's case, this may have been purely coincidental, but may also possibly bear another interpretation.

I am, Sirs, yours truly,

ARTHUR H. CLEMOW, M.D.

Earl's-court-square, S.W., Nov. 21st, 1887.

MANCHESTER.

(*From our own Correspondent.*)

VICTORIA UNIVERSITY.

THE ceremony of conferring degrees took place in the Town Hall, in the presence of a large and fashionable audience. Thirty-one degrees in all were conferred, in Arts, Science, and Medicine. The Vice-Chancellor, in his report, stated that the number of candidates at the various examinations was increasing yearly, amounting in the past year to 285. At a meeting of the University Court held the same day an important step was taken in the admission of the Yorkshire College at Leeds as a college of the University. The application was strongly supported by the Marquis of Ripon; and the Duke of Devonshire, Chancellor of the University, also wrote, expressing his sympathy with the application. After considerable discussion, it was unanimously decided to admit the Yorkshire College. Thus, another provincial medical school will have it in its power to offer a degree to its students. It is, however, to be hoped that, for the credit of the Leeds medical students, we shall not hear again of such a silly public demonstration as was made last week in the streets of Leeds by some of their number because they had been invited to attend a meeting under the auspices of the Young Men's Christian Association.

INFIRMARY AND SOUTHERN HOSPITAL.

The offer, alluded to in these columns, to build and equip a cottage hospital in Hulme, to be handed over to the Royal Infirmary, has been reluctantly declined by the board of that charity, as involving pecuniary responsibilities they do not see their way clear to incur. The recent death of Madame "Jenny Lind" has served to remind the present generation of the debt of gratitude owing to her for the substantial assistance given by her in building the third wing to the infirmary. During the past year the Southern Hospital has extended its sphere of operations by opening a lying-in department, and Dr. Sinclair, in the report presented at the annual meeting, was able to state that the public had responded well to the application for increased support to meet the additional expenses thus incurred. Good and useful work is being done by this hospital. At the last meeting of the Medical Society (which, by the way, continues this year to hold some of its meetings at the

Literary and Philosophical Society's rooms, George-street) Dr. Sinclair read a paper on some cases of extirpation of the uterus for malignant disease.

OWENS COLLEGE.

We have had some distinguished visitors at the College lately, the latest being Earl Granville and the Lord Mayor of London, who, during a short visit paid to the city for the purpose of seeing the Jubilee Exhibition, took the opportunity of going through the laboratories, class rooms, and various departments of the College. The Combe lectures on Physiology are being continued at the College this winter by Professor Stirling, and are attracting large audiences.

BANQUET TO THE CHAIRMAN OF THE HEALTH COMMITTEE.

On Friday evening a complimentary dinner was given at the Grand Hotel to Mr. Alderman Schofield, J.P., chairman of the Manchester Health Committee, as an expression of appreciation by his fellow-citizens of his work in the cause of sanitary progress during the last eighteen years, and of sympathy with him in the vexatious and uncalled-for litigation to which the Health Committee was exposed a few months ago. The dinner was largely attended by leading citizens, members of the Corporation and the medical profession, and all the speakers bore testimony to the sterling honesty, integrity, and devotion to his committee's work so long shown by Mr. Schofield.

VACCINATION CORRESPONDENCE.

Our daily press has not escaped the outbreak of correspondence *re* compulsory vaccination lately engaging attention both in your columns and those of other London papers. Amongst the facts and arguments brought forward showing the protection afforded by properly performed vaccination, none were more striking or convincing, except to those who will not be convinced, than some adduced from the experience of the Infirmary Small-pox Hospital by Dr. Tomkins, formerly medical superintendent there.

November 21st.

LIVERPOOL.

(From our own Correspondent.)

THE MAYOR AND THE HOSPITALS.

FOLLOWING the example of his predecessors in office, the newly elected Mayor (Mr. Oakshott) visited the Infirmary for Children on the Sunday following his election, and last Sunday attended St. Barnabas Church in state, when a sermon was preached by the Rev. Canon Eyre, vicar of St. Helen's. The collection on behalf of the Royal Southern Hospital amounted to £110, exclusive of the donation of £25. After the service the Mayor visited the hospital. His worship also attended the first meeting of the Hospital Sunday Committee on the 17th inst., and took the chair.

DEATH OF A SHIP CAPTAIN FROM LAUDANUM.

An inquest was recently held by the city coroner on the body of a German ship captain, who had died shortly before reaching port. A post-mortem examination was made by Dr. Barron, who found indications of opium poisoning, as well as of recent intemperance. He removed the stomach and contents, and these were subsequently examined by Mr. Edward Davies, analytical chemist, who found distinct traces of morphia, and also obtained a spirituous extract giving the odour of opium extremely well marked, but there was no trace of meconic acid. It appeared from the evidence of the chief and second mates that the deceased had been for some time addicted to intemperance. In consequence of this, which led to the ship being placed in imminent danger, all intoxicants were kept out of his way. He contrived, however, to get hold of a large bottle of laudanum, a considerable quantity of which he evidently drank. An open verdict was returned. This case shows the importance of temperance being practised in the cabin even more than in the forecastle of all ships.

THE ASSIZES.

Since the 11th inst. Mr. Justice Day has been presiding in the Crown Court trying prisoners, of which there has been a very large number awaiting trial. Among these was a woman of loose character, indicted for the manslaughter of her paramour by throwing a lighted paraffin lamp at him, causing injuries from which he died. There was also a chemist charged with a series of indecent assaults on female children, the assaults having been committed in an apartment adjoining his shop. He appeared to have been in the habit of enticing the children in by offers of sweetmeats. The judge described the case as the worst of the kind he had ever tried, and regretted that, as the jury, acting under his direction, could only convict him of an attempt, instead of the full charge, the utmost punishment which could be inflicted was two years' hard labour, to which he sentenced him. There are still many serious cases to be tried.

THE HOSPITAL FOR WOMEN.

Among the other patients in the Hospital for Women, there is, under the care of Dr. Briggs, a Spanish woman, aged thirty-six, the subject of a protracted labour completed by instruments; this occurred in Spain seven years ago. Since then she has suffered from an unusually large vesico-vaginal fistula and deeply torn perineum, the bladder, vagina, and rectum forming one common cloaca. On admission the bladder was found to be turned inside out, so that the mucous membrane of the fundus vesicæ was protruded through the vulva like a hernia. After a fortnight's rest in bed the bladder had almost receded into the pelvis. The whole vesical floor was apparently absent. By making independent vesical and vaginal flaps on each side the gap was filled in without leaving tension on the sutured edges. The repair has been successful.

THE REMARKABLE CASE OF EXTRA-UTERINE GESTATION.

The case described in a previous letter has terminated most favourably, the patient being now, on the forty-second day, practically convalescent. She is sitting up daily, the original sac is represented by a mere sinus, and both temperature and pulse are normal.

Liverpool, Nov. 22nd.

EDINBURGH.

(From our own Correspondent.)

THE UNIVERSITY COURT.

AT its last meeting the Court adopted a minute expressing its regret at the retirement of Mr. Campbell Swinton, who has for the last forty years acted as one of its members in one or other representative capacity. The minute recognises that to his influence and the wise counsel he has advocated has been largely due the prosperity that has so signally marked the period of his tenure of office, and closes with a sympathetic expression of regard and good wishes on behalf of the remaining members. The report of the Business Committee of the University General Council, advocating measures of reform referred to in a recent letter, was brought up for consideration, but it was decided that the subject should be fully considered in all its bearings at a special meeting when a Bill on the subject should again be submitted to Parliament.

PROSPECTIVE CHANGES IN THE MEDICAL CURRICULUM.

During last summer the subject of an alteration in the curriculum that should make their labours, if not lighter, yet more evenly distributed over their period of study, and increase their opportunities of clinical instruction, was under discussion among the students; and their representative council drew up for presentation to the Senatus Academicus a series of propositions which it was thought would attain these ends if adopted. In effect, the students prayed for a redistribution of the professional examinations, by which the first and intermediate examinations should be placed anteriorly to the position they have till now occupied in the curriculum, and that an arrangement should be made by which they may be completed by the end of the second *annus medicus*, thus leaving two years and a half free for the clinical subjects, along with Pathology and Materia Medica. These proposals have now been considered by the Senatus, and in part adopted. It is to be in due time enacted that a student may pass the first professional examination in two sections within the first year of study; and it is anticipated that a similar enactment will be made by which he may pass in Anatomy and Physiology at the end of the second year. In regard to the latter point there is said to be a little difficulty; but there is no doubt that what opposition may arise to it will be of a formal nature,

and will be easily overruled in accordance with the wide consensus of opinion in favour of the proposed alteration. Thus the last two years and a half of the student's undergraduate life will be freed from the incubus of impending examinations in subjects not directly bearing on his clinical work, an arrangement by which he can scarcely fail to profit as regards his preparation for the practical duties of his profession. The Senatus cannot be too highly commended for the wisdom and foresight evinced in their adoption of these suggestions, which will do much to enhance the value of the curriculum as a whole, and in large measure remove the one drawback it has laboured under—viz., the relatively larger development of its theoretical at the expense of its clinical aspect.

THE ETIOLOGY OF TUMOURS.

A special meeting of the Medico-Chirurgical Society was held last week for the discussion of the question of the origin of tumours. The subject was introduced in a paper by Dr. G. Sims Woodhead, which evoked a good deal of criticism, both favourable and adverse. His view is based on a study of the behaviour of the layers of the blastoderm in early stages of its development, and upon the observed inter-relation of the structures derived from each at different stages of adult life. He assumes a certain amount of antagonistic action between the developed derivative tissues from each layer in respect to functional and vegetative activity; and, by tracing the typical life history of each group, shows that their period of vital apogee and retrogression are not contemporaneous, but that at one stage the likelihood of invasion is greater on the one hand, at another period on the other. Thus in youth the connective tissue type of tumours preponderates; in middle life the histioid; and in old age the epithelial. In each case an irritant, in the wide sense of the term, must be supposed to determine the locality of tumour manifestation, whether the irritant be a trauma, an organised particle, or due to an hereditary local weakness. Further, an hereditary tendency to the production of one or other type of tumour may be established, depending on the age of the parents of the individual, and the state of their tissue equilibrium, as above defined, at the time of the individual's development; and such a tendency may become exaggerated in the course of successive generations till it becomes a diathesis and tumour formation actually occurs. The above is an outline of the argument adopted, which was largely amplified in the paper, and illustrated in many of its chief points by the citation of cases and the exhibition of specimens. In the discussion that followed, Professor John Chiene stated his opinion, based on a large series of cases tabulated for the purpose, that the great majority of malignant tumours occurred in consequence of local injury, giving "injury" the broad meaning of a local irritant or depressant. Dr. James referred at length to the biological aspects of the question; while Dr. Duncan expressed the opinion that malignant tumours are due to the action of micro-organisms. Dr. Joseph Bell, Dr. Russell, Dr. Macgillivray, and other gentlemen also took part in the discussion.

Edinburgh, Nov. 22nd.

ABERDEEN.

(From our own Correspondent.)

THE MEDICO-CHIRURGICAL SOCIETY.

THE annual meeting of the Aberdeen Medico-Chirurgical Society was held on Thursday, the 17th inst., when the following office-bearers were elected for the year:—President, Dr. James Rodger: Vice-President, Dr. Smith-Shand; Secretary, Dr. Edmond; Recording Secretary, Dr. MacGregor; Treasurer, Dr. Gordon; Librarian, Dr. McKenzie Booth; Council—Drs. Jackson, Ogilvie Will, Urquhart, Garden, and McKenzie Booth. The following gentlemen were also appointed representatives to the North of Scotland Medical Association—viz., Drs. Rodger and Edmond *ex-officiis*, and Drs. McWilliam and Theodore Thomson elected.

MEDICAL STUDENTS' SOCIETY.

As a result of some remarks made by Professor M'William in his introductory lecture at the opening of the winter session, the old Medical Students' Debating Society, which ceased to exist in 1880, has been resuscitated, and its first meeting was held on the evening of Friday, the 18th inst. Professor M'William delivered the inaugural lecture, choosing for his subject "Thought-reading." At the close of the meeting the following office-bearers were elected:—Honorary Presidents: Professors Struthers and M'William. Hon. Vice-Presidents: The other members of the Medical Faculty and the infirmary staff. President: Mr. Arthur Keith. Secretary: Mr. Park. Treasurer: Mr. M'Kay. Two gentlemen from each of the four years were appointed members of the committee.

FEVER AT MONTROSE.

The village of Ferryden, Montrose, is again the victim of a fever epidemic. During the last few weeks there have been between fifty and sixty cases of scarlet fever in the village, with four certified deaths, and two others which may, it is feared, be attributed to the same cause.

Aberdeen, Nov. 23rd.

DUBLIN.

(From our own Correspondent.)

QUEEN'S COLLEGE, GALWAY.

THE chair of Surgery in this institution is now vacant in consequence of the death of Dr. J. Valentine Browne, and the appointment, which is in the gift of his Excellency the Lord-Lieutenant, will be filled up some time in December. The gentleman selected will hold office for seven years only, and will enter upon his duties on January 9th, 1888.

FRACTURE OF THE SACRUM.

Fractures of this bone are so very uncommon that brief details of a case at present in the Meath Hospital may be of interest. A policeman, aged forty-six years, on the 17th inst. fell from a ladder a height of between twenty-five and thirty feet, the ladder falling under him at the time of the accident. On removal to hospital there was found a deep indenture corresponding to the middle third of the sacrum, and also a slight wound. He has been unable to pass urine since his admission, a catheter being used every four hours. A padded pelvis band has been applied, and the wound treated antiseptically. The lower fragment, it may be mentioned, was more prominent than the upper, and a finger can be introduced between them. The pulse was 104 on admission, and the temperature normal; but the latter on the 21st inst. went up to 102°, and to-day (Tuesday) it was 100°. I believe this is the ninth case recorded from other causes than gunshot injury.

ROTUNDO LYING-IN HOSPITAL.

At a meeting of the Dublin Town Council last Monday, the report of the Committee on the City Hospitals was under consideration. The grant to the Rotundo Lying-in Hospital—one of the largest institutions of the kind in Europe, having a world-wide fame, and admirably managed—has this year been suspended. The reason stated by the Nationalist members of the Town Council, who are in a large majority, for this procedure, is because they consider there are not a sufficient number of gentlemen belonging to their own religious persuasion on the board of governors of the hospital. As one of the Corporation, Sir George Moyers pointed out that what they had to consider was the treatment the patients received in the Rotundo Hospital, and not to deal with the religion of the governors.

THE PERMANENCY OF RETIRING ALLOWANCES TO MEDICAL MEN.

The guardians of the Limerick Union some time since passed a resolution granting Mr. Going, late medical officer of Coolycasey dispensary district, a superannuation allowance of £75 per annum. But they soon repented of their generosity—for what reason is unknown,—and notice of motion was given for the purpose of rescinding the arrangement entered into. Fortunately for Mr. Going, the Local Government Board have very properly interfered, and last week informed the guardians that the Union Officers' Superannuation Act contained no provision enabling guardians to revoke any grant of a superannuation allowance duly made by them in pursuance of the statute.

Dublin, Nov. 22nd.

AN extensive epidemic of measles prevails in the villages of Boughton and Dunkirk, in East Kent. In the last-named village the schools have had to be closed.

PARIS.

(From our Paris Correspondent.)

CANCER OF THE LARYNX.

M. TILLAUX showed a patient at the Academy of Medicine upon whom he had performed tracheotomy five months ago for the relief of suffocation due to cancer of the larynx. Since then there has been, as is generally the case soon after an operation of the kind, a partial retrogression of the tumour, and the patient has resumed his occupation, having recovered his appetite, strength, and spirits, and gained seven pounds in weight. M. Tillaux said he made this communication because the question as to the best line of conduct in such cases is still open, as is shown by M. Schwartz in his thesis on the subject. Should a radical cure be attempted by extirpation of the larynx, or should the palliative operation of tracheotomy be adopted? M. Tillaux said that he thought the history of his case showed that tracheotomy was useful in some cases, and for his part he was not disinclined to prefer it, as a rule, to extirpation. Professor Verneuil considered that the superiority of tracheotomy over extirpation was incontestable. With the latter operation, when the patient does not die from the immediate consequences, he speedily succumbs to a relapse. In one case of epithelioma, tracheotomised by M. Verneuil a year ago, the tumour was so considerable that it was difficult to understand how it was possible to breathe at all. After tracheotomy, or rather Krishaber's operation of laryngo-crico-tracheotomy, the patient resumed his ordinary business, and is even able to speak pretty distinctly when the opening of the cannula is occluded. M. Richet mentioned a similar case. M. Labbé did not agree with his colleagues. He said that he had, like them, performed tracheotomy for the relief of laryngeal cancer, and should no doubt do so again. But he could not admit this to be the only operation possible, and that there are not cases in which we ought to practise extirpation of the larynx. As a rule, extirpation is done too late, upon subjects already tracheotomised, and for the relief of aggravated symptoms. It is reasonable to suppose that better results would be obtained if the operation were performed as soon as the cancerous nature of the growth is recognised, and before there is any secondary infection of the neighbouring glands. The gravity of the operation is not so considerable as is generally supposed. In four cases of the kind M. Labbé had had three absolute operative successes, the patients living for different lengths of time without relapse. In the fourth case death was due to the accidental negligence of the nurse, who omitted to change the cannula, as had been directed; in consequence the patient was nearly asphyxiated by the accumulated secretions, and died a fortnight later of septic pneumonia. The thesis of M. Schwartz ("Thèse d'Agrégation," 1886), the most impartial monograph upon extirpation of the larynx in the French language, necessarily serves as a groundwork for all general reviews of this question, and the current number of the *Bulletin Médical* contains a good *résumé* of of it by M. Maurice Hache, who brings the statistics of M. Schwartz up to date by the addition of recent cases. In 105 observations quoted of total extirpation of the larynx, death took place fifteen times within the first week from hæmorrhage, collapse, embolism or septicæmia, or other causes; twenty times during the second week from pneumonia or broncho-pneumonia. To these are added one case of death from pulmonary gangrene on the twenty-fifth day, five of late pneumonia, and two of exhaustion, making forty-three deaths in all from the operation itself, a mortality of 40 per cent. Twenty-eight of the remaining relapsed, two before the expiration of three months, six others before six months, eight before a year, two between the first and second years, and two before two years and a half. Thirty-four patients are recorded as cured—fifteen after six months' observation, eight more after less than a year. One was published fifteen months; one, sixteen months; two, from two to three years; three, from three to four years; two, five years; and one, ten years after operation. Counting those as cured who have lived two years, there have been eight certain successes in 105 cases. Of twenty-seven published cases of partial extirpation, in one there had been no relapse after eighteen months, in another the cure was definite after seven years. Seven other operations had been successful, but the time elapsed at the date of publication was under a year and a half. From a functional point of view the condition of those who have been operated on is less unsatisfactory than might be supposed. Deglutition is restored sometimes within a week, nearly always after a couple of months. And by means of Güssenbauer's artificial larynx there is a very fair restoration of the voice.

NEW TREATMENT OF PHTHISIS.

The report of the Commission appointed by the Academy to study the effects of hydrofluoric acid in phthisis has just been published. It begins by stating that glass workers attribute a curative action to the vapours, a fact pointed out twenty-five years ago by M. Didierjean, and which led to experimentation with this agent in the Paris hospitals. The results on the whole were negative, although it was thought likely that hydrofluoric acid might prove useful in diphtheria. The question has been reopened recently by MM. Seiler and Garcia (see THE LANCET, Oct. 15th), who now claim for hydrofluoric acid a foremost place in pulmonary therapeutics. The Academy Commission, MM. Herard, Féréol, and Proust, point out that the acid is highly antiseptic, ranking with biniodide of mercury in this respect. A solution of $\frac{1}{1000}$ to $\frac{1}{500}$ cleanses fetid wounds. It has a considerable anti-bacillary power, which the Commission has tested in guinea-pigs and rabbits infected by the inhalation of pulverised sputum. As regards the statements made by MM. Seiler and Garcia, the Commission thinks that, taken in their *ensemble*, they are exact, although it is somewhat premature as yet to affirm that the cures are permanent. They conclude that inhalations of hydrofluoric acid possesses an undoubted therapeutic action when phthisis is not too far advanced, and that they are both free from danger and easy of application. The *Journal de Médecine de Paris* publishes a long and interesting article by Dr. Ley on the treatment of phthisis by the inhalation of sulphurous acid. After relating numerous experiments upon the admixture of the gas with the atmosphere and the effects of inhalations of different strengths upon animals, the writer concludes that the therapeutic dose for man, is an atmosphere containing from $\frac{1}{2000}$ to $\frac{1}{1000}$ of sulphurous acid. This may be obtained by burning six grammes of sulphur for each cubic metre of room space for the first three days; after which (the walls being saturated) five grammes will suffice. The patients should not go into the rooms until ten or twelve hours after the combustion, which should always be performed in a well-aired chamber. M. Ley advises this treatment in torpid phthisis, and recognises febrile symptoms as a contra-indication.

ELECTION OF M. PÉAN.

The Academy has at length admitted M. Péan to its number, electing him to the membership last Tuesday by forty-seven votes, against thirty-four given to M. Le Dentu. M. Péan is perhaps better known than any other surgeon in the Academy, and it is difficult to understand why that venerable institution should have hitherto refused him a representative seat.

Paris, Nov. 23rd.

Medical News.

UNIVERSITY OF LONDON.—The following gentlemen have passed the recent M.B. examination:—

FIRST DIVISION.

Balgernie, Wilfred, St. Bartholomew's Hospital.
Barendt, Frank Hugh, Liverpool Royal Infirmary.
Barwise, Sidney, Queen's and Mason Colleges, Birmingham.
Braddon, William Leonard, Guy's Hospital.
Brook, W. Henry Bredit, St. Bartholomew's Hospital.
Brown, Herbert Henry, University College.
Caldecott, Charles, Guy's Hospital.
Calvert, John Telfer, St. Thomas's Hospital.
Clarke, William Frederick, Guy's Hospital.
Deanesly, Edward, B.Sc., University College.
Featherstone, W. Barltrop, Queen's College, Birmingham.
Finley, F. Gault, McGill University, Lond. Hosp., and Vienna.
Flemming, Percy, University College.
Gee, Frederick W., University College.
Gill, Rainsford Foster, University College.
Godfrey, Albert R., Northampton General Infirmary and St. Thomas's Hospital.
Holder, Sidney Ernest, University College.
Jecks, Cyril William, University College.
Kelsall, Henry Truman, London Hospital.
Kidd, Hugh Cameron, St. Thomas's Hospital.
Lawrence, T. W. Pelham, University College.

Lys, Henry Grabham, London Hospital.
Marriott, Hyde, B.Sc., University College.
Moynihan, Berkeley G. Andrew, Yorkshire College.
Nevins, J. B., Liverpool School of Medicine and Guy's Hospital.
Rennie, George E., B.A., Sydney, University College.
Risdon, William Newt, Guy's Hospital.
Routh, Charles Frederic, Guy's Hospital.
Smith, Hugh, London Hospital.
Solly, Ernest, St. Thomas's Hospital.
Stedman, Frederic Osmund, Charing-cross Hospital.
Sunder, Charles Edward, University College.
Taylor, Frederick Howard, London Hospital.
Thane, Edgar Herbert, University College.
Thompson, J. E., Owens College and Manchester Royal Infirm.
Tubby, Alfred Herbert, Guy's Hospital.
Tunstall, John Ogle, University College.
Vincent, Herbert Edmund, Guy's Hospital.
Wheatley, James, King's College.
Wheaton, Samuel Walton, St. Thomas's Hospital.
Williams, William Griffith, St. Bartholomew's Hospital.
Wynter, Walter Essex, Middlesex and St. Bartholomew's Hosps.

SECOND DIVISION.

Bailey, William Henry, St. Bartholomew's Hospital.
Chapman, Harry Cecil, St. Bartholomew's Hospital.
Clegg, J., Owens College and Manchester Royal Infirmary.
Colman, W. Stacy, University of Edin. and University College.
Orouch, C. Percival, St. Bartholomew's Hospital.
Fisher, Theodore, Guy's Hospital.
Furnivall, Bryan, St. Bartholomew's Hospital.
Gault, A. H., Owens College and Manchester Royal Infirmary.
Heatherley, Francis, Guy's Hospital.
Jordan, W. Ross, Birmingham Medical School.
Luff, A. Pearson, B.Sc., St. Mary's Hospital.
Mumford, A. A., Owens College and Manchester Royal Infirm.
Napier, Francis Horatio, St. Bartholomew's Hospital.
Pagden, Trayton Charles, St. Bartholomew's Hospital.
Randall, Ernest Bidgood, University College.
Strugnell, Walter T., St. Bartholomew's Hospital.
Watson, W. Ivens Buswell, Guy's Hospital.
Wells, George Lee, St. Bartholomew's Hospital.
Williams, Reginald Muzio, St. Thomas's Hospital.

UNIVERSITY OF GLASGOW.—The following degrees were conferred in the various Faculties of the University on the 17th inst.:—

DOCTORS OF MEDICINE.

1. COMMENDED FOR THESES.—John Brown, M.B., C.M., Scotland; John Love, M.B., C.M., Scotland.
2. ORDINARY DEGREE.—Quintin Chalmers, M.B., C.M., Scotland; W. Rees Jones, M.B., C.M., Wales; Alex. Morison, M.B., C.M., Scotland; James Foster M'Conaghy, M.B., C.M., Ireland; Ernest Mackenzie, M.B., C.M., England; Alex. Scott, M.B., C.M., Scotland.

BACHELORS OF MEDICINE AND MASTERS IN SURGERY.

1. COMMENDATION.—Gavin Russell, Scotland.
2. ORDINARY DEGREES OF M.B. AND C.M.—Alex. Butler, Archibald Campbell, J. Dobbin, W. R. Forrester, R. Jardine Freebairn, Daniel Laird, G. Lapraik, J. M'Corkindale, Thomas Longlands Macfarlane, David Johnston Penney, and J. W. Watkin Penney, all of Scotland.

CONJOINT EXAMINING BOARD OF THE COLLEGE OF PHYSICIANS IN IRELAND AND THE ROYAL COLLEGE OF SURGEONS IN IRELAND.—The following, having passed their final examinations, have received diplomas qualifying them to practise Medicine, Surgery, and Midwifery:—

Edward W. Mahaffy Adair, James J. Behan, B. J. Dore, John David Ferguson, Robert Eustace Hickie, Leonard Kidd, H. Alban Marsden, James Martin, Denis Patrick Murphy, James O'Connor, Jeremiah O'Sullivan, John Dwyer Sexton, T. Stephen Sillis, and J. Trant.

COLLEGE OF PHYSICIANS IN IRELAND.—At the November examinations the following obtained licences in Medicine and Midwifery of the College:—

MEDICINE.—Martin Fitzgerald.
MIDWIFERY.—William Morris Lewis.

The undernamed have been admitted Members:—

George Richard Armstrong, Richard Cannon, William Malcomson.

UNIVERSITY OF OXFORD. — The Professor of Anatomy, Mr. Moseley, is incapacitated at present by ill-health from the performance of his duties, and Convocation is asked to grant him leave of absence for the ensuing year. Mr. S. J. Hickson, of Downing College, Oxford, has been appointed his deputy.—On the 17th inst. the degree of M.B. was conferred on Herbert Pennell Hawkins, Pembroke.

A NEW WARD has just been added to the Beccles Hospital as a permanent memorial of the Jubilee.

BEAVEN RAKE, M.D. Lond., has been appointed a Justice of the Peace for the Western District of the County of St. George, Trinidad.

NATIVE HOSPITAL IN ANNAM. — A hospital for natives is being constructed on the right bank of the river at Hué, near the French Legation.

QUADRUPLETS.—The wife of a fisherman of Austin-street, King's Lynn, has just been delivered of four children, all boys. Three of them were born alive, but one of the three died shortly afterwards.

NEW CHILDREN'S HOSPITAL IN PARIS. — The new children's hospital in Paris, which is to be called the Debrousse, for the erection of which the Baroness Alquié left two millions of francs, is to be built in the rue Bagnolet.

MEDICAL MAGISTRATE.—Mr. E. Godson, M.R.C.S., superintendent of the Hospital for the Insane, Parramatta, New South Wales, has recently been elevated to the bench of magistrates for the division.

PRESENTATION. — Surgeon-Major John Blackburn has been presented with a silver salver by the members of the Monckton Main Colliery St. John Ambulance Class, in recognition of his gratuitous instruction in rendering first aid to the wounded.

CHURCH OF ENGLAND BURIAL REFORM ASSOCIATION. The ninth annual meeting of the members of this Association will be held in St. Paul's Chapter Room on the 12th prox. at 3 P.M., the Right Rev. Bishop Suffragan of Bedford in the chair.

DEATH OF A MEDICAL MAN FROM HYDROPHOBIA.—A French medical man, Dr. Cauvy of Béziers, has just died from hydrophobia. He was bitten by a rabid dog some three months ago, and immediately went to Paris and underwent the inoculation treatment.

THE COUNTESS OF DUFFERIN'S FUND.—The Countess of Dufferin reports the result of the collection for the benefit of Indian women, through the National Association, to be the realisation of 478,465 rupees in India and £1770 in England.

PRESCRIPTIONS OF RUSSIAN SURGEON-DENTISTS.—The Russian Medical Council has rejected the request addressed to it by the Society of Surgeon-Dentists praying for the abrogation of the law forbidding these practitioners to prescribe "violent" medicines.

GLASGOW ROYAL INFIRMARY MEDICAL SOCIETY.—The introductory meeting of this Society was held on the 19th inst., when Dr. Wallace Anderson read a paper on Observations on the Study of Disease, being his valedictory address as honorary president. Dr. Fleming is the president for the ensuing year.

CHILDREN'S JUBILEE HOSPITAL AT GATESHEAD.—The foundation stone of the Children's Jubilee Hospital at Gateshead is arranged to be laid on December 2nd. It is intended at present only to proceed with the central administrative block and one of the wing wards, but the whole scheme includes four of these wards. The administrative block is estimated to cost £2000, and each of the wing wards about £1000, or a total of about £6000.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

DOWNMAN, CHARLES F., M.R.C.S., has been appointed Medical Officer for the Burnham District of the Maldon Union.

HILLIARD, R. HARVEY, M.D., F.R.C.S.E., has been appointed House-Surgeon to the Bucks General Infirmary.

KEMP, BENJAMIN, M.R.C.S., L.S.A., has been reappointed Medical Officer of Health for the Horbury Urban Sanitary District, Yorkshire.

MAHON, RALPH BODKIN, has been appointed Demonstrator of Anatomy, and Assistant to the Professor of Physiology at the Queen's College, Cork.

MOXHAM, M. CAMPLIN, M.R.C.S., L.R.C.P., L.S.A., has been appointed House-Surgeon to the Stroud General Hospital, vice C. B. Liesbing, M.R.C.S., L.R.C.P., resigned.

PARROTT, T. G., M.R.C.S., L.R.C.P. Lond., has been appointed House-Surgeon to the Bucks General Infirmary, vice R. W. Wilcox, M.R.C.S.

ROWNTREE, WILLIAM GEORGE, L.R.C.P. Ed., M.R.C.S., has been appointed Medical Officer for the Thornhill District, and Public Vaccinator for the Barnsbury and Thornhill Wards of the Parish of St. Mary, Islington, vice Whiteway Wilkinson, F.R.C.S., retired.

SIBLEY, WALTER K., B.A., M.B., B.C. Camb., M.R.C.S., has been appointed House-Physician to the Middlesex Hospital.

SMITH, SAMUEL GORDON, M.R.C.S., L.S.A., has been appointed Medical Officer for the Barnsbury District of the Parish of St. Mary, Islington, vice W. G. Rowntree, transferred.

WELCHMAN, E. W., M.R.C.S., L.R.C.P.Ed., has been appointed Medical Officer for the St. Mary District of the Lichfield Union.

WILSON, MERVYN, M.R.C.S., L.S.A., has been appointed Medical Officer for the Chippenham District of the Chippenham Union.

Vacancies.

In compliance with the desire of numerous subscribers, it has been decided to resume the publication under this head of brief particulars of the various Vacancies which are announced in our advertising columns. For further information regarding each vacancy reference should be made to the advertisement.

BRISTOL FORESTERS' MEDICAL INSTITUTE.—Two Medical Officers.—Resident Dispenser.

BROMLEY AND BECKENHAM JOINT HOSPITAL BOARD.—Medical Superintendent. Salary about £70 per annum.

BROMLEY UNION, Kent.—District Medical Officer. Salary £85 per annum, vaccination fees and extras about £35.—Medical Officer for the Union Workhouse. Salary £90 per annum, vaccination fees and extras about £25.

BURTON-ON-TRENT INFIRMARY.—House-Surgeon. Salary £130 per annum, with a prospect of increase, and rooms, coals, and gas free.

CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's-inn-road, W.C.—House-Surgeon.

CITY OF LIVERPOOL HOSPITAL FOR INFECTIOUS DISEASES.—Resident Medical Officer. Salary £100 per annum, with board, washing, and lodging at the hospital.

GREAT NORTHERN CENTRAL HOSPITAL, Caledonian-road, N.—Obstetric Physician to Out-patients.

HULL ROYAL INFIRMARY.—Honorary Dental Surgeon.

MILLER HOSPITAL AND ROYAL KENT DISPENSARY, Greenwich-road, S.E.—Junior Resident Medical Officer. Salary £30 per annum, with furnished apartments, board, attendance, and washing.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen-square, Bloomsbury, W.C.—Assistant Physician.

NEWPORT (MON.) ODDFELLOWS' MEDICAL AID ASSOCIATION.—Medical Officer. Salary £140.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Examiner.

ROYAL NATIONAL HOSPITAL FOR CONSUMPTION, Ventnor, Isle of Wight.—Resident Medical Officer. Salary £100 per annum, with board and lodging in the hospital.

ST. GEORGE, HANOVER-SQUARE, PROVIDENT DISPENSARY, Little Grosvenor-street, W.—Resident Medical Officer. The salary and allowances last year were £235 8s.

ST. GEORGE'S HOSPITAL, Hyde-park Corner, W.—Physician.—Surgeon.

STOCKPORT INFIRMARY.—Assistant Medical Officer. Salary £50, with board and lodging.

UNIVERSITY OF EDINBURGH.—Examiners in the Practice of Physic, Midwifery, Anatomy, and Chemistry. Salary in each case £75 per annum, with an allowance of £10 for expenses.

VICTORIA HOSPITAL FOR CHILDREN, Queen's-road, Chelsea.—House-Physician. Honorarium £50 per annum, and board and lodging in the hospital.

Births, Marriages, and Deaths.

BIRTHS.

GLASIER.—On the 16th inst., at Eastbourne, the wife of Charles Glasier, M.D., of a daughter.

HALL.—On the 17th inst., at Wimpole-street, W., the wife of F. de Havilland Hall, M.D., F.R.C.P., of a son.

JESSOP.—On the 20th inst., at Retford, the wife of Ed. Jessop, M.R.C.S., L.R.C.P., of a son.

LEECH.—On the 22nd inst., at Woolpit, Suffolk, the wife of A. Herbert Leech, M.R.C.S.E., L.S.A., of a son.

NANKIVELL.—On the 15th inst., at Penmellyn, Bournemouth, the wife of Herbert Nankivell, M.D., of a daughter, who survived her birth only three hours.

RUSHWORTH.—On the 17th inst., at Beechfield, Walton-on-Thames, the wife of Norman Rushworth, M.R.C.S., L.R.C.P., of a son.

MARRIAGES.

DIMMOCK—ALLEN.—On the 16th inst., at St. Peter and St. Paul's Church, Cromer, Augustus Frederick Dimmock, M.B., M.R.C.S., to Laura, eldest daughter of the late John Bonfield Allen, of Fairfield House, Norwich.

FOSBROKE—LANE.—On the 15th inst., at the Parish Church, Dorsington, G. H. Fosbroke, M.R.C.S., L.S.A., S.Sc.C. Cantab., to Mary Thorpe, second daughter of the late John Lane, Esq., of Little Dorsington Manor.

MYRTLE—SMITH.—On the 23rd inst., at St. James's Church, Westbourne-terrace, James Aitken Myrtle, M.D., C.M., to Jane Crauford, daughter of Thos. Smith, Esq., of Edinburgh.

DEATHS.

DAVIES.—On the 19th inst., at Penner House, near Newport, Monmouthshire, Arthur Evelyn Davies, M.R.C.S., L.R.C.P., L.S.A., aged 38.

FRANKLIN.—On the 5th inst., at Brighton, Charles Franklin, M.R.C.S., L.S.A., of Putney, S.W., aged 45.

MARRIOTT.—On the 18th inst., Fredk. Thos. Marriott, L.S.A., of Old-street, City, London, aged 50.

N.B.—A fee of 2s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Stewart's Instruments.)

THE LANCET Office, November 24th, 1887.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Nov. 18	29·44	E.	36	34	...	37	26	...	Foggy
,, 19	29·31	W.	35	34	55	46	33	·32	Foggy
,, 20	29·50	E.	39	36	...	41	35	·13	Hazy
,, 21	29·62	E.	36	36	...	39	33	...	Foggy
,, 22	29·69	N.E.	39	39	...	46	34	·09	Raining
,, 23	29·97	N.E.	41	40	56	44	39	·15	Cloudy
,, 24	29·93	N.E.	39	36	...	41	35	·02	Overcast

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editors."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked and addressed to the Sub-Editor.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "to the Publisher."*

We cannot undertake to return MSS. not used.

THE LEPERS OF MOLOKAI.

MOLOKAI, "the leper island of the Pacific," is one of the Sandwich group, and the scene of Father Damien's heroic labours. By far the best description of that home of the banished leper and of the missionary care bestowed on him is that by Mr. Charles Warren Stoddard, one of the most painstaking, and at the same time picturesque, of contemporary transatlantic writers. From the little volume (published at Notre Dame, Indiana, U.S.) we gather that there are always between 700 and 800 lepers in the settlement, and that the average death-rate is 150 per annum. Within the last fifteen years 2500 of these afflicted ones have been segregated to Molokai. The sketch of Father Damien himself is entitled to take rank with Manzoni's portrayal of Cardinal Borromeo, in the "Promessi Sposi." The Father's experiences, as told by Mr. Stoddard, who was his guest in the leper island, add force to the saying, "Truth is stranger than fiction."

M.D. (Highgate).—Information on the subject will be found in the Australian Medical Directory and Handbook, published by Bailliere, Tindall, and Cox, King William-street, Strand.

Mr. J. G. Smith (Liverpool).—The matter is of obvious importance; but we are unable at present to devote further space to its discussion.

Dr. L. Corazza (Verona).—The address is, Grant Medical College, Bombay.

"WHAT MUSCLES ACCOUNT FOR IT?"

To the Editors of THE LANCET.

SIRS,—In answer to the inquiry of your correspondent, "M.D., C.M.," I beg to say that the difficulty is not with regard to the muscles concerned—for vomiting is a coördinated action, the efferent impulses concerned in which proceed from a vomiting centre in the medulla in close connexion with the respiratory centre,—but with the independent power of the will to stimulate this centre. We know that some disagreeable sights and smells may readily affect it, and here the will has no control; but in this case the act is preceded by a sensation of nausea, and is therefore probably reflex. The only explanation I can offer is that your correspondent's case is an example of a physiological reversion to an ancestral condition. In the ruminantia the stomach is divided into four compartments, and after the food has lain in that division of it termed the "reticulum" for some time at the will of the animal, the partially masticated food is returned by small instalments to the mouth, and is there thoroughly chewed at leisure, and then swallowed for the second time. It is to be remembered that we all possess a relic of our herbivorous co-ancestry in the presence of an appendix vermiformis.

I am, Sirs, faithfully yours,

E. KENNETH CAMPBELL, M.B., F.R.C.S.

Lincoln's Inn-fields, W.C., Nov. 22nd, 1887.

LEICESTER PROTECTED BY VACCINATION.

Mr. Biggs.—We must be satisfied in the first instance of the composition of the committee in point of principle. The *personnel* is a secondary matter. But we shall be quite ready to name a representative when the consent of other parties who would command public confidence to the constitution of the committee has been assured.

F.R.C.P. Edin.—So far as we are aware, the full address has not been published.

Mr. W. H. Pepler will find the information he desires in the Transactions of the Epidemiological Society for the session 1885–86.

Dr. G. W. Balfour.—The discussion of the question must be considered as closed.

"STRUMOUS ULCERS."

To the Editors of THE LANCET.

SIRS,—If your correspondent, "M.B.," will give the following plan a fair trial, I believe he will find the result satisfactory.

1. Cease administration of all tonics (including cod-liver oil). 2. Bathe the sores daily with warm water, so as to remove scabs and as much discharge as can be washed away. 3. Dress with old linen rag, dry, or soaked with sweet oil to facilitate removal. 4. Administer three times a week at bed-time from one to two grains of calomel, and every morning, half an hour before rising, a saline draught containing mag. sulph., ʒi.; mag. carb., gr. x.; pot. nit., gr. v., in peppermint water. 5. Persist in the treatment for three months, longer if necessary, omitting the calomel one week in every four.

This method practically means the substitution of constitutional for local treatment. It is neither new nor original; but I have found the plan succeed when other approved modes of treatment have failed.

At the Willan Society, in October, I showed two cases about to be placed under this treatment. This month one of these patients again attended, the other being invited but failing to come. In the month both patients had gained in weight and felt stronger. Some of the lesions had cicatrised; the others showed signs of healing. When seen last Wednesday the progress continued; and I shall be glad to show your correspondent the cases if he will communicate with me.

I am, Sirs, yours faithfully,

Suffolk-street, Pall Mall, S.W., Nov. 19th, 1887. ARTHUR HARRIES.

To the Editors of THE LANCET.

SIRS,—In response to "M.B.'s" request as regards strumous ulcers of the neck, I may say that they are very troublesome to heal, as the treatment requires variation from week to week; but the following line of treatment might be tried.

If the sores are coated with scrofulous matter this must be scraped off. Then dust with plumbi iodidi daily, if sluggish and they do not seem to improve. Take a piece of cotton-wool, twist round a probe, and apply a solution of chloride of zinc (one drachm to an ounce of distilled water) each day. Pick off the scab. Sometimes the cerat. resina has a wonderful charm; other times cerat. resina and ungt. plumbi acet. part. æquale. The patient must be treated constitutionally either by cod-liver oil, syrup of hypophosphites, or equal parts of syrup. ferri phos., syrup hypophos., ʒss. ter die. I am, Sirs, yours faithfully,

Nov. 19th, 1887. F.R.C.S.

OINTMENT FOR USE IN SMALL-POX ERUPTION.

DR. J. M. REDMOND, Physician to Cork-street Fever Hospital, Dublin, informs us that he has been using, with apparently good results, the following as an application to the face in cases of small-pox:—℞ Acidi boracici, gr. 40; lanolin and adipis, āā ʒss. Ft. ungt. M.

Dr. Bowden (Chatham).—We should be glad to receive the reports of the cases mentioned, especially of the first, second, and fourth.

Mr. White Wallis.—An article in our last issue includes all the points in our correspondent's letter.

BURIAL REFORM.

To the Editors of THE LANCET.

SIRS,—Will your correspondent, "F. H. W.," kindly send me his name and address, that I may invite him to the ninth annual meeting of the Church of England Burial Reform Association, to be held on Monday, Dec. 12th, at 3 P.M., in the St. Paul's Chapter-room, E.C., the Bishop of Bedford in the chair. For the information of your readers generally, permit me to say that the Burial Reform Association aims at uniting ministers of religion, medical men, and scientists generally in the effort to bring back the nation to the Church's mode of burial—namely, that indicated by the words "earth to earth," and this on grounds both sanitary and economic; and that we shall be very thankful for co-operation of any sort.

I am, Sirs, faithfully yours,

F. LAWRENCE,

Hon. Sec. Church of England Burial Reform Association.

Weston Vicarage, York, Nov. 21st, 1887.

LARYNGEAL SPASM WITH ASSOCIATED NERVE SYMPTOMS.

To the Editors of THE LANCET.

SIRS,—If your correspondent, "M.B.," will try inhalations of amyl, I think he will find it suit his patient.—I am, Sirs, yours faithfully,

Nov. 21st, 1887. G. B. B.

SOLANINE.

J. V. (Hamburg).—This therapeutic agent, discovered in 1820 by Desfosses, a pharmacist of Besançon, and first applied to medical uses in 1859 by Clarus of Leipsic, had fallen into desuetude when its efficacy was once more tested by Drs. Geneuil and Bardet in the Cochin Hospital of Paris. These investigators found it very difficult of administration by the hypodermic method, as it is nearly insoluble in water, in ether, and in alcohol. It was therefore exhibited through the digestive tract in rice-wafers and pills. It was tried in sciatic neuralgia (in doses of from thirty to forty centigrammes daily); but after being carefully observed for seven days its action was found *nil*. In rheumatism it was prescribed with more success; but in gastralgia, accompanied or not by vomiting, as also in facial neuralgia and in angina pectoris, its pain-relieving virtues were not encouraging. With morphine and atropine it cannot be compared for a moment in certainty and rapidity of effect.

Ambulance.—There is a section on the subject in Sir J. Paget's Clinical Lectures and Essays, edited by Mr. Howard Marsh. There are also Cazalet's and Klencke's works.

Dr. James Johnston's letter is a little out of date. The regimental system is irrecoverably defunct.

A QUESTION OF OFFICIAL ETIQUETTE.

To the Editors of THE LANCET.

SIRS,—At page 960 of your issue of Nov. 12th is a report of a case of general paralysis of the insane which the reporter says was under his care. The reporter is Mr. Mortimer, assistant medical officer of the Portsmouth Lunatic Asylum, in which asylum the case was treated, and of which institution Mr. W. C. Bland, M.R.C.S., is the medical superintendent. With your kind permission, I will point out that an assistant medical officer, as a person responsible for the care of a lunatic in an asylum, does not exist at law. The 55th Section of the Lunacy Act of 1853 empowers the visitors of an asylum to appoint a medical officer, who may also be superintendent. Mr. Bland holds both offices. Therefore the case was under his care, and not Mr. Mortimer's. It may interest Mr. Mortimer to know that the Commissioners in Lunacy insist that assistant medical officers are in no way responsible for the medical and surgical care and treatment of lunatics in an asylum, that responsibility resting, as it does, on the statutorily appointed officer, the medical superintendent. I am, Sirs, yours faithfully,

Stapleton, Nov. 14th, 1887. GEORGE THOMPSON, M.D.

A CENTENARIAN.

WITH reference to the case of longevity recorded at page 947 of our issue of Nov. 5th last, a correspondent informs us that he has seen a certified copy of the entry in the baptismal register of the parish church of Hodnet in this county, to the effect that the said Charlotte Pigot was baptised on July 9th, 1785, thus proving beyond question that this was a veritable instance of a woman who on Oct. 9th, 1887, had well entered upon her 103rd year.

Alpha is quite eligible to be elevated to the bench; but he must not act as an *ex-officio* guardian while he holds his appointment as Poor-law medical officer.

ELIXIR OF SACCHARINE.

To the Editors of THE LANCET.

SIRS,—A convenient fluid preparation of saccharine being required for dispensing purposes, as chairman of the Formulary Committee of the Pharmaceutical Conference, I have been requested by some of its members as a provisional formula to recommend the following for elixir saccharini:—Take of saccharine, 24 gr.; bicarbonate of sodium, 12 gr.; rectified spirit, 1 fluid drachm; distilled water, 7 fluid drachms. Rub the saccharine and bicarbonate of sodium in a mortar, with the water gradually added. When dissolved, add the spirit, and filter. Twenty minims contain one grain of saccharine. This is sufficient to flavour a four-ounce mixture. I am, Sirs, yours obediently,

New Cavendish-street, W., Nov. 17th, 1887. WM. MARTINDALE.

THE PRIORITY OF LARYNGECTOMY.

To the Editors of THE LANCET.

SIRS,—In the interesting "Chronicles of the Cumming Club," by Lt.-Col. Alexander Ferguson, recently published in Edinburgh, at p. 216 occurs the following statement with reference to Dr. Patrick Heron Watson:—"He cut out the larynx before the operation was performed in Germany, where it is supposed to have originated." Is such assertion a correct one? I am, Sirs, yours truly,

New University Club, Nov. 22nd, 1887. J. C. G.

COCAINE IN MIDWIFERY.

To the Editors of THE LANCET.

SIRS,—Some months ago a letter appeared in THE LANCET stating that the writer had used cocaine successfully in twenty cases of midwifery. Can anyone tell me how the cocaine is used, and to what extent it is successful? I am, Sirs, yours faithfully,

November 11th, 1887. G. P.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Julius Pollock, London; Dr. E. K. Campbell, London; Mr. E. W. Wallis, London; Dr. G. W. Balfour; Mr. Thompson, Swansea; Dr. Dawson, London; Mr. Burdett, London; Mr. Pepler, London; Dr. Thursfield, Shrewsbury; Dr. C. R. Dryadale, London; Dr. W. Watson, Wheatpark; Dr. Nicholson, Greenwich; Mr. Taylor, Chester; Mr. Stonham; Dr. R. Neale, London; Mr. W. G. Dickinson, London; Dr. Claude Wilson, Tunbridge; Dr. P. F. van H. Roos, Amsterdam; Dr. Owen Travis, Crewe; Mr. J. H. Thompson, Manchester; Messrs. Griffin and Co., London; Mr. H. St. G. Queelif, Maytown, Qu.; Messrs. Ingram and Co., London; Mr. W. H. Denham, London; Messrs. Whitehead and Co., Manchester; Dr. W. S. Playfair, London; Mr. Bates, New York; Mr. Vieth, London; Dr. Groom, Wisbech; Messrs. Macmillan and Co., London; Dr. A. Harries, London; Messrs. Mottershead and Co., Manchester; Dr. O. Kraus, Vienna; Mr. Durell; Messrs. White and Son, Bristol; Mr. C. E. Jennings, London; Mr. Mason, West Hartlepool; Dr. P. W. Smith, Leamington; Messrs. Wright and Co., Bristol; Dr. G. Elder, Nottingham; Dr. McWilliam; Mr. Axon, Manchester; Dr. Myrtle, Harrogate; Dr. Herman, London; Dr. R. Budd, Barnstaple; Dr. R. A. Birdwood; Dr. Chippendale, London; Dr. Clemow, London; Mr. McKinney, Nunhead; Mr. F. Lawrence, Weston; Dr. Elliott, Hull; Dr. Thudichum, London; Dr. Redmond, Dublin; Mr. T. A. Rabbitt, Wimbledon; Mr. A. Laidlaw; Mr. Todd, Lancaster; Mr. Woolman, Watford; Mr. Wilkin, London; Dr. L. Corazza, Verona; Mr. Thompson, Ramsgate; Mr. Cadie, Stoke-on-Trent; Mr. Birchall, Liverpool; Mrs. Pratt, Bournemouth; Mr. Hyde, Brixton; Mr. Prowle, Sunderland; Mr. Green, Bow; Mr. MacMaine, Dudley; Dr. Hodges, Boston, U.S.A.; Mr. Haggerston, Newcastle-on-Tyne; Mr. Elliot, Wolverhampton; Mr. Bonnor, Ealing; Dr. Ellis, Swansea; Mr. Wolfington, Exeter; Mr. Farringdon, Bath; Mr. Boyd, Wandsworth; Mr. Branthwaite, Twickenham; Messrs. Laughland and Co., London; Mrs. Tweedy, Liverpool; Messrs. Robertson and Scott, Edinburgh; Mr. Brighouse, Liverpool; Messrs. Maythorn and Son, Biggleswade; Mr. J. Hutchinson, London; Messrs. Blake and Co., Leeds; Mr. Hunt, Hull; Mr. Kelly, Margate; Messrs. Burgess and Co., London; Mr. Hemming, Swindon; Mr. Burgess, King's Down; Mr. Sparrow, Southsea; Mr. Bailey, Smithwick; Mr. Evans, Stockport; Mr. H. G. Pocock, Brixton; Mr. Simpson, Dumbarton; Mr. W. Bull, London; L. S. D., St. John's-wood; J. C. G.; A Wiltshire Doctor; M. N. O.; Ambulance; S.; F.R.C.S.; Scrutator; J. C. J., Sheffield; L.R.C.P.; Matron, Bedford; Mosquito; Matron, Bristol.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Elliot, Andover; Miss Smart, Greenheys; Messrs. Grace, Bristol; Rev. D. Hicks, Manchester; Mr. Johnson, Leicester; Mr. Keay, Eastbourne; Mr. Nicholls, Hartest; Dr. Phillips, Birmingham; Mr. Laban, West Bromwich; Mr. Burdett, London; Mr. Moore, Silloth; Messrs. Gale and Co., London; Mr. Wormald, Manchester; Messrs. Farwig and Co., London; Dr. Kerr, London; Dr. Beer, Newport; Messrs. Condy and Co., London; Dr. Morton, Kilburn; Mr. Fuge; Messrs. Dawson Bros., Montreal; Mr. Bowser, London; Dr. Churton, Leeds; Rev. A. Tooth, Croydon; Mr. Derry, Leeds; Mr. Bolton, Whitby; Mr. Marsh, Willenhall; Mr. Bramwell, Preston; Dr. McAuley; Mr. Powell, Newport; Mr. Bevan, Nantyglo; Dr. Fielding, Lyme; Dr. Thompson, Bath; Mr. Booth, Ripley; Mr. Davis, Worcester; Messrs. Roberts and Co., London; Dr. Heard, Cork; Mr. Morgan, Leeds; Messrs. Slinger and Son, York; Mr. Teesdale, Bosingham; Messrs. Hewlett and Co., London; Mr. Hudson, Sheffield; Mr. Leach; Miss Griffiths, Southport; Dr. Oswald, Clapham; Manors, London; H. D. B., Fareham; J. E. B., London; Alpha, Aberdare; Surgeon, Minchinhampton; Lady Superintendent, West Malling; L. W., St. Leonards; T., Bath; Private Physician; A. B., Brecon; A. F. E.; Surgeon, Brimsley; Matron, Lancaster; B. W. D.; X. Y.; D. L.; B. K.; Salufur; M.D.; Spes, Ashford; L. W. M.; A. L. S., Brighton; Opium; A. B., Stamfordhill; D.H.; Superintendent, Glasgow; Medicus, London.

Barnsley Independent, Newcastle Chronicle, Leeds Mercury, Birmingham Daily Gazette, Leicester Daily Post, Wexford Independent, &c., have been received.

Medical Diary for the ensuing Week.

Monday, November 28.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10.30 A.M., and each day at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.
CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M; Thursday, 2.30.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.; Tuesday, 2.30 P.M.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITALS.—Operations, 2 P.M., and each day in the week at the same hour.
SOCIETY OF ARTS.—8 P.M. Mr. H. H. Statham: The Elements of Architectural Design. (Cantor Lecture.)
MEDICAL SOCIETY OF LONDON.—8.30 P.M. Clinical Evening. The following cases will be shown:—Mr. Bowreman Jessett: Two cases of Radical Cure of Hernia.—Dr. Ormerod: Case of Hysterical Tremor and Contracture.—Mr. Walter Pye: (1) Case of Persistent Branchial Cleft; (2) A New Form of Truss.—Dr. Savill: Case of Myxœdema in a Male.—Dr. Brevor: Case of Myxœdema.—Dr. Herringham: Case of Dizziness.—Mr. Spencer Watson: Case of Plastic Operation for Ectropion.—Mr. Marmaduke Sheild: Case of Syphilitic Disease of the Knee-joint.

Tuesday, November 29.

GUY'S HOSPITAL.—Operations, 1.30 P.M. and on Friday at the same hour. Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.
CANCER HOSPITAL, BROMPTON.—Operations, 2.30 P.M.; Saturday, 2.30 P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday, 2.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M.

Wednesday, November 30.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesday and Thursday, 1.30 P.M. Surgical Consultations, Thursday, 1.30 P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.
LONDON HOSPITAL.—Operations, 2 P.M.; Thursday & Saturday, same hour.
GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.
KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.; Friday, 2 P.M.; Saturday, 1 P.M.
CHILDREN'S HOSPITAL, GREAT ORMOND-ST.—Operations, 9 A.M.; Saturday, same hour.

Thursday, December 1.

ST GEORGE'S HOSPITAL.—Operations, 1 P.M. Ophthalmic Operations, Friday, 1.30 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
NORTH-WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
THE PARKES MUSEUM OF HYGIENE.—5 P.M. Sir Douglas Galton: Smoke and Fog.

Friday, December 2.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—8 P.M. Mr. Percy Dunn: A large Hæmorrhage into the Pons Varolii, and other Pathological Specimens.—Mr. Samuel Benton: Remarks on the Successful Treatment of Habitual Constipation by the use of Injecto-purgative.—Dr. Savill: Cases illustrating his paper, *vide infra*. Papers:—Dr. Middleton: On the Advantages of Venesection of the External Jugular Vein in Cardiac Diseases.—Dr. Savill: The Treatment of Rheumatism, Acute, Subacute, and Chronic, and of Rheumatoid Arthritis.—Dr. Alderson: The Safe Dose of the Salicylates.

Saturday, December 3.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.

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